

IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF TEXAS  
MCALLEN DIVISION

CHRISTOPHER PENNINGTON,	§	
	§	
Plaintiff,	§	
	§	
VS.	§	CIVIL ACTION NO. 7:21-cv-301
	§	
FEDEX GROUND PACKAGE SYSTEM,	§	
INC.; GG’S PRODUCE TRANSPORT, LLC; I	§	
GARZA, LLC; J.B. HUNT TRANSPORT,	§	
INC.; RICH TRANSPORT, LLC; and GO TO	§	
LOGISTICS, INC.,	§	
	§	
Defendants.	§	

**FEDEX GROUND PACKAGE SYSTEM, INC.’S NOTICE OF REMOVAL**

TO THE HONORABLE UNITED STATES DISTRICT JUDGE:

Defendant FedEx Ground Package System, Inc. (“FedEx Ground”) files this Notice of Removal and would respectfully show the Court as follows:

**I.**  
**BACKGROUND**

1. FedEx Ground was sued in the cause styled *Christopher Pennington v. FedEx Ground Package System, Inc., G.G.’s Produce Transport, LLC, I Garza, LLC, J.B. Hunt Transport, Inc., Rich Transport, LLC, and Go To Logistics, Inc.*, Cause No. C-1550-21-B in the 93<sup>rd</sup> Judicial District Court of Hidalgo County, Texas (the “Lawsuit”). The Lawsuit was filed on April 23, 2021 and to FedEx Ground’s knowledge all of the named Defendants have been served and/or answered as of the filing of this notice.

2. This Notice of Removal is accompanied by an index of the documents filed in state court and a copy of the state court file, which are attached as **Exhibit “A.”** Other than the

documents attached as Exhibit A, no pleadings, process, orders or other documents in the case have been served or otherwise received by FedEx Ground.

**II.**  
**BASIS FOR REMOVAL**

3. This case is removable based upon diversity jurisdiction because (1) there is complete diversity of citizenship among the parties and (2) the amount in controversy exceeds \$75,000. 28 U.S.C. §§ 1332, 1441.

**A. The \$75,000.00 amount-in-controversy requirement is satisfied.**

4. Plaintiff's live pleading includes an assertion that Plaintiff is entitled to, and seeks to recover in excess of \$1,000,000 from Defendants in this action for compensatory damages, actual damages, consequential damages, pain and suffering, exemplary damages, past and future mental anguish, past and future impairment, and past and future disfigurement. *See* Exhibit A-2, Plaintiff's Original Petition §§ 6, 8. Plaintiffs' pleading seeking more than \$1,000,000 establishes that the amount in controversy exceeds the \$75,000 minimum amount in controversy necessary for this Court to exercise its diversity jurisdiction. *See* 28 U.S.C. § 1446(c)(2); *Lopez v. Trujillo*, 475 B.R. 550, 555 (N.D. Tex. 2012) *citing St. Paul Reinsurance Co. v. Greenburg*, 134 F.3d 1250 (5th Cir. 1998) *and De Aguilar v. Boeing Co.*, 47 F.3d 1404, 1408 (5th Cir.), cert. denied 516 U.S. 865, 116 S.Ct. 180 ("For diversity purposes, the amount in controversy is determined by the amount sought on the face of the plaintiff's pleadings, so long as the plaintiff's claim is made in good faith"). "[A] defendant's notice of removal need only include a plausible allegation that the amount in controversy exceeds the jurisdictional threshold." *Dart Cherokee Basin Operating Co., LLC v. Owens*, 574 U.S. 81, 89, 135 S. Ct. 547, 554, 190 L. Ed. 2d 495 (2014). Evidence establishing this amount is only required if the allegation is challenged by the plaintiff or the court.

*Id.* Therefore the amount in controversy requirement is met in this matter pursuant to Plaintiff's petition and Defendant's allegation.

**B. Complete diversity exists between the proper parties to the lawsuit.**

5. A removing defendant is required to allege that diversity of citizenship existed at the time of the filing of the suit and at the time of removal. *In re Allstate Ins. Co.*, 8 F.3d 219, 221 (5th Cir. 1993). Plaintiff Christopher Pennington ("Plaintiff") is a natural person and was a citizen and resident of Texas at all relevant times, including at the time the Lawsuit was filed and at the time of the filing of this Notice of Removal. *See* Exhibit A-2, Plaintiff's Original Petition § 1. Therefore, for diversity purposes, Plaintiff is a citizen of Texas.

6. Defendant FedEx Ground Package System, Inc. is a foreign corporation incorporated in Delaware with its principal place of business in Pennsylvania at the time of the filing of this notice of removal and at the time this lawsuit was filed. Therefore, for diversity purposes, Defendant is a citizen of the states of Pennsylvania and Delaware.

7. Defendant J.B. Hunt Transport, Inc., ("J.B. Hunt"), is a foreign corporation incorporated in Georgia with its principal place of business in Arkansas at the time of the filing of this notice of removal and at the time this lawsuit was filed. Therefore, for diversity purposes, J.B. Hunt is a citizen of the states of Georgia and Arkansas for purposes of diversity.

8. Defendant Go To Logistics, Inc., ("Go To Logistics"), is a foreign corporation incorporated in Illinois with its principal place of business in Illinois at the time of the filing of this notice of removal and at the time this lawsuit was filed. Therefore, for diversity purposes, Go To Logistics is a citizen of the state of Illinois.

9. Defendant Rich Transport, LLC, ("Rich Transport"), is a limited liability company. The citizenship of a limited liability company is determined by the citizenship of each member of

the entity. *Harvey v. Grey Wolf Drilling Co.*, 542 F.3d 1077, 1080 (5th Cir. 2008). Therefore, for diversity purposes, Rich Transport is a citizen of the state of Arkansas.

10. Defendant GG's Produce Transport, LLC, ("GG's Produce"), is a Texas limited liability company. The citizenship of a limited liability company is determined by the citizenship of each member of the entity. *Harvey*, 542 F.3d at 1080 (5th Cir. 2008). Therefore, for diversity purposes, GG's Produce is a citizen of the state of Texas. However, as GG's Produce was not a part of the accident involving Plaintiffs or the remaining Defendants, FedEx Ground asserts that it was improperly joined to the present suit solely for purposes of attempting to defeat diversity and its citizenship should not be considered for diversity purposes.

11. Defendant I Garza, LLC, ("I Garza"), is a Texas limited liability company. The citizenship of a limited liability company is determined by the citizenship of each member of the entity. *Harvey*, 542 F.3d at 1080 (5th Cir. 2008). Therefore, for diversity purposes, I Garza is a citizen of the state of Texas. However, as I Garza was not a part of the accident involving Plaintiff or the remaining Defendants, FedEx Ground asserts that it was improperly joined to the present suit solely for purposes of attempting to defeat diversity and its citizenship should not be considered for diversity purposes.

**a. GG's Produce and I Garza were Improperly Joined to Defeat Diversity**

12. The Court can disregard defendants that are improperly joined under the doctrine of fraudulent joinder. *Salazar v. Allstate Tex. Lloyd's, Inc.*, 455 F.3d 571, 574 (5th Cir. 2006). The doctrine can apply to a non-diverse defendant regardless of whether the defendant is a local defendant. *Larroquette v. Cardinal Health 200, Inc.*, 466 F.3d 373, 376-77 (5th Cir. 2006). The doctrine applies when (1) the plaintiff has fraudulently pleaded jurisdictional facts to add the nondiverse or local defendant, (2) the plaintiff has no possibility of establishing a cause of action



against the nondiverse or local defendant, or (3) the claims against the nondiverse defendant have no real connection to the claims against the other defendants. *See Davidson v. Georgia-Pac., L.L.C.*, 819 F.3d 758, 765 (5th Cir. 2016); *Triggs v. John Crump Toyota, Inc.*, 154 F.3d 1284, 1291 (11th Cir. 1998); *Crockett v. R.J. Reynolds Tobacco, Co.*, 436 F.3d 529, 533 (5th Cir. 2006) (citing *Triggs* with approval although not expressly adopting) In the instant case, Plaintiff improperly joined GG’s Produce and I Garza as the Plaintiff has no possibility of establishing a cause of action against them and they have no real connection with the claims against the other defendants. In other words, “there is no reasonable basis for the district court to predict that the plaintiff might be able to recover against [these] in-state defendant[s]” *Cumpian v. Alcoa World Alumina, L.L.C.*, 910 F.3d 216, 219 (5th Cir. 2018) *citing Smallwood v. Ill. Cent. R.R. Co.*, 385 F.3d 568, 573 (5th Cir. 2004) (en banc).<sup>1</sup>

**i. Plaintiff Has No Possibility of Establishing Claims Against I Garza or GG’s Produce**

13. Plaintiff’s live petition asserts he “was involved in catastrophic (sic) accident.” Exhibit A-2, Plaintiff’s Original Petition §4. Plaintiff then asserts all Defendants’ drivers “failed to control or stop their vehicles, failed to recognize and account for road conditions, and failed to exercise extreme caution in hazardous conditions, consistent with federal trucking regulations. These actions or inaction led to ensuing collisions.” *Id.* “Plaintiff was among those who suffered severe injuries due to Defendants’ actions.” *Id.*

14. Unfortunately, these assertions misstate and omit discrete yet incredibly important facts that establish beyond a doubt that Plaintiff has no possibility of recovery against GG’s

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<sup>1</sup> One Court has already noted the break in causation between vehicles in the first cluster (Defendants GG and I Garza) versus vehicles in the third cluster (Plaintiff Pennington). In remanding a separate action, Judge Micaela Alvarez noted “While the Court agrees that the location of the vehicles or potential intervening causes may preclude recovery as to Defendant GG’s Produce, it cannot say the same about Defendant Carlos Ruvalcaba without delving into the merits of the case.” Exhibit E, Order of Remand.

Produce or I Garza. When a plaintiff misstates or omits discrete facts as has been done in the present case, the court has discretion to pierce the pleading and conduct summary inquiry, which may show that the discrete and undisputed facts precludes discovery. *Cumpian v. Alcoa World Alumina, L.L.C.*, 910 F.3d 216, 220-221 (5th Cir. 2018).

15. The instant case revolves around the now nationally famous pileup that occurred on February 11, 2021 and began at approximately 6:00 a.m. **Exhibit B**, Peace Officer's Crash Report, p. 1. According to the accident investigation performed by the Fort Worth Police Department, the accident involved 148 different units consisting of 114 passenger vehicles, 32 tractor-trailer combinations and 2 pedestrians. *See, Id.* The investigating officers identified all of the Parties' vehicles and prepared a diagram overview of the accident. *Id.* at 149. Photographs and video evidence of the accident (some taken as it occurred) were circulated nationally. The accident has even attracted the attention of the National Transportation Safety Board which is currently conducting an investigation but has issued a report of its initial findings. **Exhibit C**, NTSB Preliminary Report. The initial investigation revealed that in the days leading up to the crash the area had experienced 36 hours of below freezing temperatures and the entity responsible for managing the roadway failed to apply any road treatments for almost 48 hours leading up to the accident. *Id.* p. 1-2. This fact is particularly surprising as the managing entity became aware of icy conditions at approximately 3:08 a.m., almost three hours prior to the accident at issue. *Id.* at 2. Rather than sending out new road treatment crews, closing the roadway, reducing the speed limit or any number of other actions, the managing entity limited its action to displaying the message "icy conditions exist / please use caution." *Id.* The accident itself covered a total segment of roadway measuring approximately 1,100 feet long. *Id.*



**Exhibit D**, Scene Photos with Explanatory Description, p. 2.

16. The photo above, despite being taken from what looks like several hundred feet above the accident does not even include the entire length of the accident but thankfully shows the relative location of Plaintiff and Defendants. The accident at issue resulted in three major clusters of vehicles with an additional smaller cluster that is not seen in the above photo that occurred prior to the group labeled Cluster 1 above. *See*, **Exhibit B**, p. 149.



17. The above photograph from Exhibit D, p. 3, shows the locations of GG's Produce's tractor which was hauling a trailer owned by I Garza within the accident clusters. Plaintiff is located in Cluster 3 with the remaining Defendants separated by almost 1000 feet and two large gaps from the GG's Produce tractor and I Garza trailer. See **Exhibit B**; See **Exhibit C**. The Plaintiff's vehicle never interacted with the GG's Produce tractor or I Garza trailer in any form or fashion. *Id.* The only reason they were included in the present lawsuit is to defeat diversity jurisdiction and to improperly manufacture venue in Hidalgo County despite the fact Plaintiff has no possible legitimate claims against GG's Produce or I Garza.

18. There is simply no evidence to support proximate causation between Plaintiff's injuries and the actions of either GG's Produce or I Garza. All of these objective, causation-defeating facts justify removal on their own. However, they also serve to establish the defenses of new and independent cause, sole proximate cause, unavoidable accident, or sudden emergency beyond all possible doubt.

19. Therefore, it is clear that Plaintiff has no possibility of recovery or reasonable basis for the District Court to predict that Plaintiff might be able to recover against I Garza or GG's Produce. Any one of these theories precludes Plaintiff's recovery. *See Dillard v. Tex. Elec. Coop.*, 157 S.W.3d 429, 434 (Tex. 2005) ("If multiple theories are submitted, jurors do not need to agree on which theory applies, they must agree only that the defendant was not responsible.").

20. A new and independent cause is one that intervenes between the original wrong and the final injury so that the injury is attributed to the new cause rather than the original and more remote cause. *Dew v. Crown Derrick Erectors, Inc.*, 208 S.W.3d 448, 450 (Tex. 2006) (plurality op.). In the instant case the objective and undeniable evidence points to the ice and the actions of dozens of different drivers and vehicles in support of this defense before any discovery has been conducted.

21. Sole proximate cause means that the conduct of a person other than the plaintiff or defendant is the only cause of the occurrence at issue. *Dillard*, 157 S.W.3d at 432. Here, the objective evidence points to the actions of the managing authority in failing to ice the roadways for almost 48 hours.

22. An unavoidable accident is an event proximately caused by an unforeseeable, nonhuman condition and not by the negligence of any party. *Id.*; *Hill v. Winn Dixie Tex., Inc.*, 849 S.W.2d 802, 803 (Tex. 1992). The instruction is typically given in cases involving environmental conditions such as fog, snow, sleet, snow, wet or slick pavement or obstruction of view. *Hill*, 849 S.W.2d at 803. Here we have the typical case involving wet/icy roadways where none of the over 100 drivers were able to accurately gauge the conditions in order to prevent being involved in this massive accident. It is quite difficult if not impossible to imagine a situation in which a jury could find that over 100 average, reasonable drivers including a wide selection of commercial drivers,



from a variety of backgrounds and experience, failed to behave as a reasonable person would have given the situation and circumstances at the time. The situation at hand is exactly analogous to polling over 100 people and asking them how they would drive given the circumstances existing at the time of the accident with the answer being they would drive in such a way that would result in an accident based upon the unforeseeability of the conditions.

23. Even if you assume the first person to lose control in the conditions has some responsibility, every other person involved would fall within the sudden emergency defense. A sudden emergency exists when there is evidence that (1) a person was confronted with a situation that arose suddenly and unexpectedly, (2) the situation was not proximately caused by any negligence on the part of the person confronted with it, (3) a reasonable person would have believed the situation required immediate action without time for deliberation and (4) the person acted as a person of ordinary prudence would have acted under the same or similar circumstances. *McDonald Transit, Inc. v. Moore*, 565 S.W.2d 43, 44-45 (Tex. 1978). After the first loss of control, over 100 drivers were required to respond to the situation. Down to the last person, they were all involved in an accident. Plaintiff has no connection to the GG's Produce tractor or I Garza trailer. There is nothing to suggest that either GG's Produce or I Garza failed to react as a person of ordinary prudence would in response to the massive emergency that they were suddenly presented with on February 11, 2021.

24. The objective evidence leaves no reasonable possibility of Plaintiff recovering against I Garza or GG's Produce (or the remaining Defendants) due to either a complete lack of causation or any one of a number of defenses that no rational juror could dispute. Therefore, GG's Produce and I Garza are improperly joined and their citizenship should not be taken into account for diversity purposes.

25. Accordingly, excluding the fictitious and improperly joined Defendants, FedEx Ground has shown complete diversity exists, and the amount in controversy exceeds the Court's jurisdictional threshold. Thus, removal is proper on the basis of diversity jurisdiction.

WHEREFORE, PREMISES CONSIDERED, Defendant requests this Court assume full jurisdiction over the cause herein on the basis of diversity of citizenship.

Respectfully submitted,

HARTLINE BARGER, L.L.P.

/s/ Peter Blomquist

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(214) 369-2118 (facsimile)

**ATTORNEYS FOR DEFENDANT FEDEX  
GROUND PACKAGE SYSTEM, INC.**

**CERTIFICATE OF SERVICE**

I hereby certify that on the 6<sup>th</sup> day of August, 2021 a true and correct copy of the foregoing was served in accordance with the Federal Rules of Civil Procedure via the Court's CM/ECF

System on all counsel of record.

/s/ Andrew L. Petersen

**ANDREW L. PETERSEN**



IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF TEXAS  
MCALLEN DIVISION

CHRISTOPHER PENNINGTON,	§	
	§	
Plaintiff,	§	
	§	
VS.	§	CIVIL ACTION NO.
	§	
FEDEX GROUND PACKAGE SYSTEM,	§	
INC.; GG'S PRODUCE TRANSPORT, LLC; I	§	
GARZA, LLC; J.B. HUNT TRANSPORT,	§	
INC.; RICH TRANSPORT, LLC; and GO TO	§	
LOGISTICS, INC.,	§	
	§	
Defendants.	§	

**DEFENDANT FEDEX GROUND PACKAGE SYSTEM, INC.**  
**INDEX OF STATE COURT RECORD – EXHIBIT A**

TO THE HONORABLE UNITED STATES DISTRICT JUDGE:

Defendant FedEx Ground Package System, Inc. (“FedEx Ground”) files this Amended Index of State Court Record.

Exhibit No.	Document Title	Date Filed
A-1	Case Summary Docket Sheet	N/A
A-2	Plaintiff's Original Petition	7/12/2021
A-3	Citation – FedEx Ground Package System, Inc.	7/12/2021
A-4	Citation – GG's Produce Transport, LLC	7/12/2021
A-5	Citation - I Garza LLC	7/12/2021
A-6	Citation- J.B. Hunt Transportation, Inc.	7/12/2021

A-7	Citation - Rich Transport, LLC	7/12/2021
A-8	Citation - Go To Logistics	7/12/2021
A-9	Notice of Appearance of Counsel	7/29/2021
A-10	Defendant GG's Produce Transport, LLC and I Garza LLC's Motion to Transfer Venue	7/28/2021
A-11	Defendant GG's Produce Transport, LLC and I Garza LLC's Original Answer Subject to Motion to Transfer Venue	7/29/2021
A-12	Defendant Go To Logistics, Inc.'s Motion to Transfer Venue and Subject Thereto Original Answer	7/30/2021
A-13	Defendant J.B. Hunt Transport, Inc.'s Original Answer Subject to Motion to Transfer Venue	8/2/2021
A-14	Defendant FedEx Ground Package System, Inc.'s Motion to Transfer Venu	8/2/2021
A-15	Defendant J.B. Hunt Transport, Inc.'s Motion to Transfer Venue	8/2/2021
A-16	Letter Requesting Certified Copies of All Filings	8/4/2021

A-1

93RD DISTRICT COURT

**CASE SUMMARY****CASE NO. C-1550-21-B**

Chistopher Pennington  
 VS.  
 Fedex Ground Package System, Inc., GG's Produce  
 Transport, LLC, I Garza LLC, J.B. Hunt Transportation,  
 Inc., Rich Transport, LLC, Go To Logistics, Inc.

§  
§  
§  
§

Location: 93rd District Court  
 Judicial Officer: Mancias, Fernando G  
 Filed on: 04/23/2021

**CASE INFORMATION**

Case Type: **Injury or Damage - Motor  
 Vehicle (OCA)**

**DATE****CASE ASSIGNMENT****Current Case Assignment**

Case Number C-1550-21-B  
 Court 93rd District Court  
 Date Assigned 04/23/2021  
 Judicial Officer Mancias, Fernando G

**PARTY INFORMATION****Plaintiff****Pennington, Chistopher***Lead Attorneys*

**DAO, ANDREW**  
*Retained*  
 713-655-1405(W)

**Defendant****Fedex Ground Package System, Inc.**

**BLOMQUIST, PETER C.**  
*Retained*  
 713-755-1990(W)

**GG's Produce Transport, LLC**

**Taylor, Jana H.**  
*Retained*  
 214-520-1700(W)

**Go To Logistics, Inc.****I Garza LLC**

**Taylor, Jana H.**  
*Retained*  
 214-520-1700(W)

**J.B. Hunt Transportation, Inc.**

**Wright, Michael C.**  
*Retained*  
 972-267-8400(W)

**Rich Transport, LLC****DATE****EVENTS & ORDERS OF THE COURT****INDEX**

08/04/2021



Request

LETTER REQUESTING CERTIFIED COPIES OF ALL FILINGS

08/02/2021



Transfer of Venue, Filed

DEFENDANT J.B. HUNT TRANSPORT, INC.'S MOTION TO TRANSFER VENUE

08/02/2021



Answer

Party: Attorney BLOMQUIST, PETER C.; Defendant Fedex Ground Package System, Inc.  
 DEFENDANT FEDEX GROUND PACKAGE SYSTEM, INC.'S SPECIAL APPEARANCE TO  
 OBJECT TO JURISDICTION, AND SUBJECT THERETO, MOTION TO TRANSFER VENUE,  
 SPECIAL EXCEPTIONS. ORIGINAL ANSWER, AND JURY DEMAND

DATE


A true copy certify


LAURA HINOJOSA


District Clerk, Hidalgo County, Texas


Deputy#34


**CASE SUMMARY****CASE NO. C-1550-21-B**


08/02/2021  Defendant's Original Answer  
 Party: Attorney Wright, Michael C.; Defendant J.B. Hunt Transportation, Inc.  
*DEFENDANT J.B. HUNT TRANSPORT, INC.'S ORIGINAL ANSWER SUBJECT TO MOTION TO TRANSFER VENUE*


07/30/2021  Transfer of Venue, Filed  
*DEFENDANT GO TO LOGISTICS, INC.'S MOTION TO-TRANSFER VENUE AND SUBJECT THERETO ORIGINAL ANSWER*


07/29/2021  Answer  
 Party: Defendant GG's Produce Transport, LLC; Defendant I Garza LLC


07/28/2021  Motion to Transfer  
*DEFENDANTS'GG'S PRODUCE TRANSPORT, LLC AND I GARZA LLC'S MOTION TO TRANSFER VENUE*


07/09/2021  Notice of Appearance, Filed


04/27/2021  Citation Issued  
 Party: Defendant Rich Transport, LLC





04/27/2021  Citation Issued  
 Party: Defendant J.B. Hunt Transportation, Inc.

04/27/2021  Citation Issued  
 Party: Defendant I Garza LLC

04/27/2021  Citation Issued  
 Party: Defendant Go To Logistics, Inc.

04/27/2021  Citation Issued  
 Party: Defendant GG's Produce Transport, LLC

04/27/2021  Citation-Issued  
 Party: Defendant Fedex Ground Package System, Inc.

04/27/2021 **Citation**  
 Fedex Ground Package System, Inc.  
 Served: 07/08/2021  
 Anticipated Server: E-Served to Attorney  
 Actual Server: E-Served to Attorney  
 Return Date/Time: 07/12/2021  
 GG's Produce Transport, LLC  
 Served: 07/13/2021  
 Anticipated Server: E-Served to Attorney  
 Actual Server: E-Served to Attorney  
 Return Date/Time: 07/13/2021  
 I Garza LLC  
 Served: 07/09/2021  
 Anticipated Server: E-Served to Attorney  
 Actual Server: E-Served to Attorney  
 Return Date/Time: 07/12/2021  
 J.B. Hunt Transportation, Inc.  
 Served: 07/09/2021

93RD DISTRICT COURT

**CASE SUMMARY****CASE NO. C-1550-21-B**

Anticipated Server: E-Served to Attorney  
 Actual Server: E-Served to Attorney  
 Return Date/Time: 07/12/2021



Rich Transport, LLC

Served: 07/29/2021

Anticipated Server: E-Served to Attorney  
 Actual Server: E-Served to Attorney  
 Return Date/Time: 07/29/2021



Go To Logistics, Inc.

Served: 07/12/2021

Anticipated Server: E-Served to Attorney  
 Actual Server: E-Served to Attorney  
 Return Date/Time: 07/12/2021

04/23/2021



Original Petition (OCA)

DATE

FINANCIAL INFORMATION

**Defendant** Fedex Ground Package System, Inc.

Total Charges

764.00

Total Payments and Credits

764.00

**Balance Due as of 8/5/2021****0.00****Defendant** GG's Produce Transport, LLC

Total Charges

40.00

Total Payments and Credits

40.00

**Balance Due as of 8/5/2021****0.00****Defendant** Go To Logistics, Inc.

Total Charges

40.00

Total Payments and Credits

40.00

**Balance Due as of 8/5/2021****0.00****Defendant** J.B. Hunt Transportation, Inc.

Total Charges

40.00

Total Payments and Credits

40.00

**Balance Due as of 8/5/2021****0.00****Plaintiff** Pennington, Chistopher

Total Charges

360.00

Total Payments and Credits

360.00

**Balance Due as of 8/5/2021****0.00**

A-2



**CAUSE NO. C-1550-21-B**

CHRISTOPHER PENNINGTON	§	IN THE DISTRICT COURT OF
	§	
	§	
	§	
V.	§	HIDALGO COUNTY, TEXAS
	§	
	§	
FEDEX GROUND PACKAGE SYSTEM,	§	
INC., GG'S PRODUCE TRANSPORT,	§	_____ DISTRICT COURT
LLC, I GARZA LLC, J.B. HUNT	§	
TRANSPORT, INC., RICH TRANSPORT,	§	
LLC, AND GO TO LOGISTICS, INC.	§	<b><u>JURY TRIAL DEMANDED</u></b>

**PLAINTIFF'S ORIGINAL PETITION**

TO THE HONORABLE JUDGE OF THIS COURT:

NOW COMES Plaintiff CHRISTOPHER PENNINGTON, complaining of Defendants FEDEX GROUND PACKAGE SYSTEM, INC., GG'S PRODUCE TRANSPORT, LLC, I GARZA LLC, J.B. HUNT TRANSPORT, INC., RICH TRANSPORT LLC, and GO TO LOGISTICS, INC., and in this Original Petition, would show this Court the following:

**I. PARTIES**

Plaintiff Christopher Pennington is a resident of Texas.

Defendant FedEx Ground Package System, Inc. is a corporation doing business in Texas. Defendant may be served with process through its registered agent: CT Corporation System at 1999 Bryan Street, Suite 900, Dallas, Texas 75201.

Defendant GG's Produce Transport, LLC is a limited liability company doing business in Texas. Defendant may be served with process through its registered agent: George David Durham III at 517 W. Nolana Avenue, McAllen, Texas 78504.

DATE 8/5/2021  
A true copy I certify  
LAURA HINOJOSA  
District Clerk, Hidalgo County, Texas  
By [Signature] Deputy #34



**C-1550-21-B**

Defendant I Garza LLC is a Texas limited liability company doing business in Texas. Defendant may be served with process through its registered agent: Ismael Garza, 2305 E. Trenton, Edinburg, Texas 78539.

Defendant J.B. Hunt Transport, Inc. is a corporation doing business in Texas. Defendant may be served with process through its registered agent, Corporation Service Company at 211 East 7th Street, Suite 620, Austin, Texas 78701.

Defendant Rich Transport, LLC is a limited liability company doing business in Texas. Defendant may be served with process through its registered agent: CT Corporation System, 1999 Bryan Street, Suite 900, Dallas, Texas 75201.

Defendant Go To Logistics, Inc. is a corporation doing business in Texas. Defendant may be served with process through its registered agent: Tomasz Rzedaiian at 2233 West Street, River Grove, Illinois 60171.

**II. DISCOVERY LEVEL**

Plaintiff intends to conduct discovery under Level 2.

**III. VENUE AND JURISDICTION**

This court has jurisdiction over the Defendants, as Defendants reside in, are registered to do business in Texas, and/or conduct continuous and systemic business activities in this state.

Pursuant to Section 15.002 of the Texas Civil Practice and Remedies Code, venue is proper in Hidalgo County because this is the county in which at least one Defendant maintains a principal office or residence. In fact, Defendant-GG's Produce-Transport, LLC and Defendant I Garza LLC both maintain its respective principal office in Hidalgo County. The remaining Defendants' principal offices are in all multiple different counties. Pursuant to Section 15.005 of the Texas

**C-1550-21-B**

Civil Practice and Remedies Code, in a suit in which the plaintiff has established proper venue against a defendant, as it has here, the court also has venue of all the other defendants.

Plaintiff affirmatively pleads that he seeks monetary relief in excess of the minimum jurisdictional limits of this Court.

**IV. FACTUAL BACKGROUND**

On February 11, 2021, Plaintiff was traveling on Interstate 35-West in Fort Worth, Texas, when he was involved in catastrophic incident. Multiple vehicles were piled up, and the highway was blocked for hours as individuals were trapped inside vehicles. Defendants FedEx, GG's Produce Transport, LLC, I Garza LLC, Rich Logistics, and Go To Logistics' drivers failed to control or stop their vehicles, failed to recognize and account for road conditions, and failed to exercise extreme caution in hazardous conditions, consistent with federal trucking regulations. These actions or inaction led to ensuing collisions.

Many drivers suffered serious injuries, and several tragically lost their lives. Plaintiff was among those who suffered severe injuries due to Defendants' actions. He is fortunate to even be alive, as his vehicle was completely mangled and is nearly unrecognizable. Plaintiff faces a long road to recovery, and he brings this lawsuit for damages.

**V. CAUSES OF ACTION****A. NEGLIGENCE (ALL DEFENDANTS)**

Plaintiff re-alleges each aforementioned allegation, as if fully incorporated below.

Defendants owed a duty of care to Plaintiff, which they breached. Defendants' failures were many, including but not limited to:

- Failing to maintain a safe speed;
- Failing to operate safely;

**C-1550-21-B**

- Failing to maintain a safe distance;
- Failing to exercise extreme caution in hazardous conditions, consistent with federal trucking rules and regulations;
- Failing to properly monitor road conditions;
- Failing to properly inspect;
- Failing to promulgate, institute, and/or enforce policies related to safe driving;
- Failing to properly screen drivers;
- Failing to properly train drivers;
- Failing to properly identify and address hazards;
- Failing to properly reduce speed and/or stop; and
- Failing to follow applicable state and federal rules and regulations, including but not limited to the Federal Motor Safety Carrier Regulations.

**B. VICARIOUS LIABILITY, AGENCY, RESPONDEAT SUPERIOR (ALL DEFENDANTS)**

Plaintiff re-alleges each aforementioned-allegation as if fully incorporated below:

Defendants' employees, agents, workers, and/or contractors performed work while under Defendants' control and/or employment. At the time of the incident and at the time of the acts and/or omissions complained of herein, Defendants' drivers were engaged in the furtherance of Defendants' business. Any acts or omissions committed by such individuals occurred within the scope of the actual or apparent authority on behalf of Defendants. The acts or omissions of such were the proximate cause of this incident and Plaintiff's injuries.

**C. NEGLIGENT HIRING, NEGLIGENT SUPERVISION, NEGLIGENT ENTRUSTMENT (ALL DEFENDANTS)**

Plaintiff re-alleges each aforementioned allegation as if fully incorporated below.

**C-1550-21-B**

Defendants failed to properly screen and hire their drivers. Further, Defendants negligently entrusted their tractors and/or trailers to drivers who were not properly trained or qualified, or were incompetent, even though Defendants knew or had reason to know the individuals should not have been operating the vehicles. Each of these acts and omissions, singularly or in combination with others, constitute negligence which was the proximate cause of this incident and Plaintiff's injuries.

**D. NEGLIGENCE PER SE (ALL DEFENDANTS)**

Plaintiff re-alleges each aforementioned allegation as if fully incorporated below.

Defendants' conduct was negligence per se because of a breach of duty imposed by statute, resulting in Plaintiff's injuries. Specifically, there was a breach of duties imposed by law, including, but not limited to, Section 545.401 of the Texas Transportation Code, which sets forth a duty to not drive a vehicle in a manner with willful or wanton disregard for the safety of others.

**E. GROSS NEGLIGENCE (ALL DEFENDANTS)**

Plaintiff re-alleges each aforementioned allegation as if fully incorporated below.

Plaintiff will further show that the acts and/or omissions of Defendants, when viewed objectively from Defendants' standpoint, involve an extreme risk considering the probability and magnitude of the potential harm to others. Defendants had actual subjective awareness of the risk involved, but nevertheless proceeded in conscious indifference to the rights, safety, and/or welfare of others, including Plaintiff.

Defendants knew or should have known of the risk or risks associated, and their actions and omissions constitute gross negligence and malice. Thus, Plaintiff prays that punitive damages be awarded in this matter.

**C-1550-21-B****VI. DAMAGES**

Plaintiff seeks damages for physical pain and suffering in the past and future; mental anguish in the past and future; physical impairment and disfigurement in the past and future; medical expenses in the past and future; loss of earning capacity in the past and future; loss of household services in the past and future; costs of suit; and pre-judgment and post-judgment interest at the appropriate rate allowed by law.

Because of the nature of Defendants' actions, Plaintiff also seeks punitive damages in such amount as may be found proper and just under the facts and circumstances as determined by the jury. Plaintiff seeks any other and further relief to which Plaintiff may show himself justly entitled.

All conditions precedent have been performed or have occurred.

**VII. JURY DEMAND**

Plaintiff respectfully demands a jury trial.

**VIII. PRAYER**

For these reasons, Plaintiff asks that Defendants be cited to appear and answer this suit. Plaintiff prays she recovers judgment from Defendants for damages in such an amount that the evidence may show, and the trier of fact may determine to be proper. Plaintiff seeks monetary relief over \$1,000,000. Plaintiff prays for any and all other relief to which he may be justly entitled.

*(signature on next page)*

**C-1550-21-B**

Respectfully submitted,

**DALY & BLACK, P.C.**

By: /s/ Andrew Dao  
John Scott Black  
State Bar No. 24012292  
Andrew Dao  
State Bar No. 24082895  
Kyle Patrick Malone  
State Bar No. 24102128  
2211 Norfolk St., Ste. 800  
Houston, TX 77098  
[jblack@dalyblack.com](mailto:jblack@dalyblack.com)  
[adao@dalyblack.com](mailto:adao@dalyblack.com)  
[kmalone@dalyblack.com](mailto:kmalone@dalyblack.com)  
[ecfs@dalyblack.com](mailto:ecfs@dalyblack.com)

**BUSH & BUSH LAW GROUP**

/s/ Charles Bush  
Charles Bush  
Texas Bar No. 24096028  
Email: [cbush@bushlawgrp.com](mailto:cbush@bushlawgrp.com)  
Amber Chambers  
Texas Bar No. 24100300  
Email: [achambers@bushlawgrp.com](mailto:achambers@bushlawgrp.com)  
3710 Rawlins Street, Suite 1420  
Dallas, Texas 75219  
Telephone: (214) 615-6394  
Facsimile: (833)-817-6428  
E-service only: [service@bushlawgrp.com](mailto:service@bushlawgrp.com)

**LAW OFFICE OF BILAAL BADAT PLLC**

/s/ Bilaal Badat  
Bilaal Badat  
Texas Bar No. 24096010  
4151 Southwest Freeway, Suite 320  
Houston, Texas 77027  
Telephone: (713) 689-9805  
Email: [bilaalbadat.law@outlook.com](mailto:bilaalbadat.law@outlook.com)

**ATTORNEYS FOR PLAINTIFF**

A-3

Electronically Filed  
7/12/2021 11:35 AM  
Hidalgo County District Clerks  
Reviewed By: Alessandra Galvan

**CAUSE NO. C-1550-21-B**

CHRISTOPHER PENNINGTON  
PLAINTIFF

VS.

FEDEX GROUND PACKAGE SYSTEM, INC., ET  
AL  
DEFENDANT

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IN THE 93rd District Court

HIDALGO COUNTY, TX

**RETURN OF SERVICE**

**ON Thursday, July 8, 2021 AT 11:59 AM**

CITATION, PLAINTIFF'S ORIGINAL PETITION for service on FEDEX GROUND PACKAGE, INC C/O REGISTERED AGENT CT CORPORATION SYSTEM came to hand.

**ON Thursday, July 8, 2021 AT 2:30 PM, I, Don Anderson, PERSONALLY DELIVERED THE ABOVE-NAMED DOCUMENTS TO:** FEDEX GROUND PACKAGE, INC C/O REGISTERED AGENT CT CORPORATION SYSTEM, 1999 BRYAN STREET SUITE 900, DALLAS, DALLAS COUNTY, TX 75201.

My name is Don Anderson. My address is 1900 Brown, BALCH SPRINGS, TX 75180. I am a private process server certified by the Texas Judicial Branch Certification Commission (PSC 4232, expires 8/31/2022). My e-mail address is info@easy-serve.com. My date of birth is 7/14/1956. I am in all ways competent to make this statement, and this statement is based on personal knowledge. I am not a party to this case and have no interest in its outcome. I declare under penalty of perjury that the foregoing is true and correct.

Executed in DALLAS COUNTY, TX on Thursday, July 8, 2021.

/S/ Don Anderson

DATE 8/5/2021  
A true copy I certify  
LAURA HINOJOSA  
District Clerk, Hidalgo County, Texas  
By [Signature] Deputy #34

Christopher Pennington

Doc ID: 284017\_1



Electronically Filed  
7/12/2021 11:35 AM  
Hidalgo County District Clerks  
Reviewed By: Alessandra Galvan

**NOTICE: Pursuant to TRCP 126: Statement of Inability to Afford Payment  
of Court Costs or an Appeal-Bond filed = NO**

**C-1550-21-B  
93RD DISTRICT COURT, HIDALGO COUNTY, TEXAS**

**CITATION  
THE STATE OF TEXAS**

**NOTICE TO DEFENDANT:** You have been sued. You may employ an attorney. If you or your attorney do not file a written answer with the clerk who issued this citation by 10:00 a.m. on the Monday next following the expiration of twenty (20) days after you were served with this citation and petition, a default judgment may be taken against you. In addition to filing a written answer with the clerk, you may be required to make initial disclosures to the other parties of this suit. These disclosures generally must be made no later than 30 days after you file your answer with the clerk. Find out more at TexasLawHelp.org.

**FEDEX GROUND PACKAGE SYSTEM, INC.  
REGISTERED AGENT: CT CORPORATION SYSTEM  
1999 BRYAN STREET, SUITE 900  
DALLAS, TX 75201**

You are hereby commanded to appear by filing a written answer to the **PLAINTIFF'S ORIGINAL PETITION** on or before 10:00 o'clock a.m. on the Monday next after the expiration of twenty (20) days after the date of service hereof, before the **Honorable Fernando G Mancias, 93rd District Court** of Hidalgo County, Texas at the Courthouse at 100 North Closner, Edinburg, Texas 78539.

Said petition was filed on this the 23rd day of April, 2021 and a copy of same accompanies this citation. The file number and style of said suit being C-1550-21-B, **CHISTOPHER PENNINGTON VS. FEDEX GROUND PACKAGE SYSTEM, INC., GG'S PRODUCE TRANSPORT, LLC, I GARZA LLC, J.B. HUNT TRANSPORTATION, INC., RICH TRANSPORT, LLC, GO TO LOGISTICS, INC.**

Said Petition was filed in said court by Attorney ANDREW DAO, 2211 NORFOLK ST STE 800 HOUSTON TX 77098.

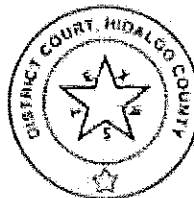
The nature of the demand is fully shown by a true and correct copy of the petition accompanying this citation and made a part hereof.

The officer executing this writ shall promptly serve the same according to requirements of law, and the mandates thereof, and make due return as the law directs.

**ISSUED AND GIVEN UNDER MY HAND AND SEAL** of said Court at Edinburg, Texas on this the 27th day of April, 2021.

**LAURA HINOJOSA, DISTRICT CLERK  
100 N. CLOSNER, EDINBURG, TEXAS  
HIDALGO COUNTY, TEXAS**

  
**LESLIE AGADO, DEPUTY CLERK**



**A-4**

Electronically Filed  
7/13/2021 4:04 PM  
Hidalgo County District Clerks  
Reviewed By: Alessandra Galvan

**CAUSE NO. C-1550-21-B**

CHRISTOPHER PENNINGTON  
PLAINTIFF

VS.

FEDEX GROUND-PACKAGE SYSTEM, INC., ET  
AL  
DEFENDANT

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IN THE 93rd District Court

HIDALGO COUNTY, TX

**RETURN OF SERVICE**

**ON Monday, July 12, 2021 AT 2:05 PM**

CITATION, PLAINTIFF'S ORIGINAL PETITION for service on GG'S PRODUCE TRANSPORT, LLC C/O REGISTERED AGENT GEORGE DAVID DURHAM-III came to hand.

**ON Tuesday, July 13, 2021 AT 1:33 PM, I, Juan "Johnny" Rodriguez, PERSONALLY DELIVERED THE ABOVE-NAMED DOCUMENTS TO:** GG'S PRODUCE TRANSPORT, LLC C/O REGISTERED AGENT GEORGE DAVID DURHAM III, 1010 E TYLER AVE, HARLINGEN, CAMERON COUNTY, TX 78550 .

My name is Juan "Johnny" Rodriguez. My address is P.O. Box 3847, EDINBURG, TX, 78540. I am a private process server certified by the Texas Judicial Branch Certification Commission (PSC 5480, expires 7/31/2022). My e-mail address is info@easy-serve.com. My date of birth is 2/20/1950. I am in all ways competent to make this statement, and this statement is based on personal knowledge. I am not a party to this case and have no interest in its outcome. I declare under penalty of perjury that the foregoing is true and correct.

Executed in CAMERON COUNTY, TX on Tuesday, July 13, 2021.

/S/ Juan "Johnny" Rodriguez

DATE 8/5/2021  
A true copy I certify  
LAURA HINOJOSA  
District Clerk, Hidalgo County, Texas  
By [Signature] Deputy #34

Christopher Pennington

Doc ID: 284017\_6

Electronically Filed  
7/13/2021 4:04 PM  
Hidalgo County District Clerks  
Reviewed By: Alessandra Galvan

**NOTICE: Pursuant to TRCP 126: Statement of Inability to Afford Payment of Court Costs or an Appeal Bond filed = NO**

**C-1550-21-B  
93RD DISTRICT COURT, HIDALGO COUNTY, TEXAS**

**CITATION  
THE STATE OF TEXAS**

**NOTICE TO DEFENDANT:** You have been sued. You may employ an attorney. If you or your attorney do not file a written answer with the clerk who issued this citation by 10:00 a.m. on the Monday next following the expiration of twenty (20) days after you were served with this citation and petition, a default judgment may be taken against you. In addition to filing a written answer with the clerk, you may be required to make initial disclosures to the other parties of this suit. These disclosures generally must be made no later than 30 days after you file your answer with the clerk. Find out more at TexasLawHelp.org.

**GG'S PRODUCE TRANSPORT, LLC  
REGISTERED AGENT: GEORGE DAVID DURHAM III  
517 W. NOLANA AVENUE  
MCALLEN, TX 78504**

You are hereby commanded to appear by filing a written answer to the **PLAINTIFF'S ORIGINAL PETITION** on or before 10:00 o'clock a.m. on the Monday next after the expiration of twenty (20) days after the date of service hereof, before the **Honorable Fernando G Mancias, 93rd District Court** of Hidalgo County, Texas at the Courthouse at 100 North Closner, Edinburg, Texas 78539.

Said petition was filed on this the 23rd day of April, 2021 and a copy of same accompanies this citation. The file number and style of said suit being C-1550-21-B, **CHISTOPHER PENNINGTON VS. FEDEX GROUND PACKAGE SYSTEM, INC., GG'S PRODUCE TRANSPORT, LLC, I GARZA LLC, J.B. HUNT TRANSPORTATION, INC., RICH TRANSPORT, LLC, GO TO LOGISTICS, INC.**

Said Petition was filed in said court by Attorney ANDREW DAO, 2211 NORFOLK ST STE 800 HOUSTON TX 77098.

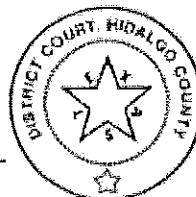
The nature of the demand is fully shown by a true and correct copy of the petition accompanying this citation and made a part hereof.

The officer executing this writ shall promptly serve the same according to requirements of law, and the mandates thereof, and make due return as the law directs.

**ISSUED AND GIVEN UNDER MY HAND AND SEAL** of said Court at Edinburg, Texas on this the 27th day of April, 2021.

**LAURA HINOJOSA, DISTRICT CLERK  
100 N. CLOSNER, EDINBURG, TEXAS  
HIDALGO COUNTY, TEXAS**

**LESLIE AGADO, DEPUTY CLERK**



A-5

Electronically Filed  
7/12/2021 11:35 AM  
Hidalgo County District Clerks  
Reviewed By: Alessandra Galvan

**CAUSE NO. C-1550-21-B**

CHRISTOPHER PENNINGTON  
PLAINTIFF

VS.

FEDEX GROUND PACKAGE SYSTEM, INC., ET  
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IN THE 93rd District Court  
  
HIDALGO COUNTY, TX

**RETURN OF SERVICE**

**ON Thursday, July 8, 2021 AT 11:59 AM**

CITATION, PLAINTIFF'S ORIGINAL PETITION for service on I GARZA LLC C/O REGISTERED AGENT ISMAEL GARZA came to hand.

**ON Friday, July 9, 2021 AT 2:55 PM, I, Juan "Johnny" Rodriguez, PERSONALLY**

**DELIVERED THE ABOVE-NAMED DOCUMENTS TO:** I GARZA LLC C/O REGISTERED AGENT ISMAEL GARZA, 2305 E TRENTON, EDINBURG, HIDALGO COUNTY, TX 78539.

My name is Juan "Johnny" Rodriguez. My address is P.O. Box 3847, EDINBURG, TX, 78540. I am a private process server certified by the Texas Judicial Branch Certification Commission (PSC 5480, expires 7/31/2022). My e-mail address is info@easy-serve.com. My date of birth is 2/20/1950. I am in all ways competent to make this statement, and this statement is based on personal knowledge. I am not a party to this case and have no interest in its outcome. I declare under penalty of perjury that the foregoing is true and correct.

Executed in HIDALGO COUNTY, TX on Friday, July 9, 2021.

/S/ Juan "Johnny" Rodriguez

DATE 8/5/2021  
A true copy I certify  
LAURA HINOJOSA  
District Clerk, Hidalgo County, Texas  
By [Signature] Deputy #34

Christopher Pennington

Doc ID: 284017\_2

Electronically Filed  
7/12/2021 11:35 AM  
Hidalgo County District Clerks  
Reviewed By: Alessandra Galvan

**NOTICE: Pursuant to TRCP 126: Statement of Inability to Afford Payment of Court Costs or an Appeal Bond filed = NO**

**C-1550-21-B  
93RD DISTRICT COURT, HIDALGO COUNTY, TEXAS**

**CITATION  
THE STATE OF TEXAS**

**NOTICE TO DEFENDANT:** You have been sued. You may employ an attorney. If you or your attorney do not file a written answer with the clerk who issued this citation by 10:00 a.m. on the Monday next following the expiration of twenty (20) days after you were served with this citation and petition, a default judgment may be taken against you. In addition to filing a written answer with the clerk, you may be required to make initial disclosures to the other parties of this suit. These disclosures generally must be made no later than 30 days after you file your answer with the clerk. Find out more at [TexasLawHelp.org](http://TexasLawHelp.org).

**I GARZA LLC  
REGISTERED AGENT: ISMAEL GARZA  
2305 E. TRENTON  
EDINBURG, TX 78539**

You are hereby commanded to appear by filing a written answer to the **PLAINTIFF'S ORIGINAL PETITION** on or before 10:00 o'clock a.m. on the Monday next after the expiration of twenty (20) days after the date of service hereof, before the **Honorable Fernando G Mancias, 93rd District Court** of Hidalgo County, Texas at the Courthouse at 100 North Closner, Edinburg, Texas 78539.

Said petition was filed on this the 23rd day of April, 2021 and a copy of same accompanies this citation. The file number and style of said suit being C-1550-21-B, **CHISTOPHER PENNINGTON VS. FEDEX GROUND PACKAGE SYSTEM, INC., GG'S PRODUCE TRANSPORT, LLC, I GARZA LLC, J.B. HUNT TRANSPORTATION, INC., RICH TRANSPORT, LLC, GO TO LOGISTICS, INC.**

Said Petition was filed in said court by Attorney ANDREW DAO, 2211 NORFOLK ST STE 800 HOUSTON TX 77098.

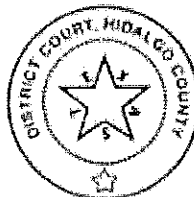
The nature of the demand is fully shown by a true and correct copy of the petition accompanying this citation and made a part hereof.

The officer executing this writ shall promptly serve the same according to requirements of law, and the mandates thereof, and make due return as the law directs.

**ISSUED AND GIVEN UNDER MY HAND AND SEAL** of said Court at Edinburg, Texas on this the 27th day of April, 2021.

**LAURA HINOJOSA, DISTRICT CLERK  
100 N. CLOSNER, EDINBURG, TEXAS  
HIDALGO COUNTY, TEXAS**

  
**LESLIE AGADO, DEPUTY CLERK**





A-6



Electronically Filed  
7/12/2021 11:35 AM  
Hidalgo County District Clerks  
Reviewed By: Alessandra Galvan

**CAUSE NO. C-1550-21-B**

CHRISTOPHER PENNINGTON  
PLAINTIFF

VS.

FEDEX GROUND PACKAGE SYSTEM, INC.,  
ET AL  
DEFENDANT

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IN THE 93rd District Court

HIDALGO COUNTY, TX

**RETURN OF SERVICE**

**ON Thursday, July 8, 2021 AT 12:00 PM**

CITATION, PLAINTIFF'S ORIGINAL PETITION for service on J.B. HUNT TRANSPORTATION, INC. C/O REGISTERED AGENT CORPORATION SERVICE COMPANY came to hand.

**ON Friday, July 9, 2021 AT 3:05 PM, I, Adriana Nicole Adam, PERSONALLY DELIVERED THE ABOVE-NAMED DOCUMENTS TO:** J.B. HUNT TRANSPORTATION, INC. C/O REGISTERED AGENT CORPORATION SERVICE COMPANY, by delivering to Samantha Guerra, 211 EAST 7TH STREET SUITE 620, AUSTIN, TRAVIS COUNTY, TX 78701.

My name is Adriana Nicole Adam. My address is 4201 Monterey Oaks Blv Apt. 2208. I am a private process server certified by the Texas Judicial Branch Certification Commission (PSC 17714, expires 10/31/2021). My e-mail address is info@easy-serve.com. My date of birth is 3/30/1992. I am in all ways competent to make this statement, and this statement is based on personal knowledge. I am not a party to this case and have no interest in its outcome. I declare under penalty of perjury that the foregoing is true and correct.

Executed in TRAVIS COUNTY, TX on Friday, July 9, 2021.

/S/ Adriana Nicole Adam

DATE 8/5/2021  
A true copy I certify  
LAURA HINOJOSA  
District Clerk, Hidalgo County, Texas  
By [Signature] Deputy #34

Christopher Pennington

Doc ID: 284017\_5

**NOTICE: Pursuant to TRCP 126: Statement of Inability to Afford Payment of Court Costs or an Appeal Bond filed = NO**

**C-1550-21-B  
93RD DISTRICT COURT, HIDALGO COUNTY, TEXAS**

**CITATION  
THE STATE OF TEXAS**

**NOTICE TO DEFENDANT:** You have been sued. You may employ an attorney. If you or your attorney do not file a written answer with the clerk who issued this citation by 10:00 a.m. on the Monday next following the expiration of twenty (20) days after you were served with this citation and petition, a default judgment may be taken against you. In addition to filing a written answer with the clerk, you may be required to make initial disclosures to the other parties of this suit. These disclosures generally must be made no later than 30 days after you file your answer with the clerk. Find out more at TexasLawHelp.org.

**J.B. HUNT TRANSPORTATION, INC.  
REGISTERED AGENT: CORPORATION SERVICE COMPANY  
211 EAST 7<sup>TH</sup> STREET, SUITE 620  
AUSTIN, TX 78701**

You are hereby commanded to appear by filing a written answer to the **PLAINTIFF'S ORIGINAL PETITION** on or before 10:00 o'clock a.m. on the Monday next after the expiration of twenty (20) days after the date of service hereof, before the **Honorable Fernando G Mancias, 93rd District Court** of Hidalgo County, Texas at the Courthouse at 100 North Closner, Edinburg, Texas 78539.

Said petition was filed on this the 23rd day of April, 2021 and a copy of same accompanies this citation. The file number and style of said suit being C-1550-21-B, **CHISTOPHER PENNINGTON VS. FEDEX GROUND PACKAGE SYSTEM, INC., GG'S PRODUCE TRANSPORT, LLC, I GARZA LLC, J.B. HUNT TRANSPORTATION, INC., RICH TRANSPORT, LLC, GO TO LOGISTICS, INC.**

Said Petition was filed in said court by Attorney ANDREW DAO, 2211 NORFOLK ST STE 800 HOUSTON TX 77098.

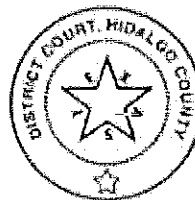
The nature of the demand is fully shown by a true and correct copy of the petition accompanying this citation and made a part hereof.

The officer executing this writ shall promptly serve the same according to requirements of law, and the mandates thereof, and make due return as the law directs.

**ISSUED AND GIVEN UNDER MY HAND AND SEAL** of said Court at Edinburg, Texas on this the 27th day of April, 2021.

**LAURA HINOJOSA, DISTRICT CLERK  
100 N. CLOSNER, EDINBURG, TEXAS  
HIDALGO COUNTY, TEXAS**

**LESLIE AGADO, DEPUTY CLERK**



*A-7*

Electronically Filed  
7/29/2021 4:03 PM  
Hidalgo County District Clerks  
Reviewed By: Alan Garcia

**CAUSE NO. C-1550-21-B**

CHRISTOPHER PENNINGTON  
PLAINTIFF

VS.

FEDEX GROUND PACKAGE SYSTEM, INC.,  
ET AL  
DEFENDANT

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IN THE 93rd District Court

HIDALGO COUNTY, TX

**RETURN OF SERVICE**

**ON Wednesday, July 28, 2021 AT 5:11 PM**

CITATION, PLAINTIFF'S ORIGINAL PETITION for service on RICH TRANSPORT, LLC C/O  
REGISTERED AGENT CT CORPORATION SYSTEM came to hand.

**ON Thursday, July 29, 2021 AT 2:31 PM, I, Don Anderson, PERSONALLY DELIVERED THE  
ABOVE-NAMED DOCUMENTS TO:** RICH TRANSPORT, LLC C/O REGISTERED AGENT CT  
CORPORATION SYSTEM, by delivering to George Martinez, 1999 BRYAN STREET SUITE 900,  
DALLAS, DALLAS COUNTY, TX 75201.

My name is Don Anderson. My address is 1900 Brown, BALCH SPRINGS, TX 75180. I am a private  
process server certified by the Texas Judicial Branch Certification Commission (PSC 4232, expires  
8/31/2022). My e-mail address is info@easy-serve.com. My date of birth is 7/14/1956. I am in all  
ways competent to make this statement, and this statement is based on personal knowledge. I am  
not a party to this case and have no interest in its outcome. I declare under penalty of perjury that  
the foregoing is true and correct.

Executed in DALLAS COUNTY, TX on Thursday, July 29, 2021.

/S/ Don Anderson

DATE 8/5/2021  
A true copy I certify  
LAURA HINOJOSA  
District Clerk, Hidalgo County Texas  
By [Signature] Deputy #34

Christopher Pennington

Doc ID: 284751\_1

Electronically Filed  
7/29/2021 4:03 PM  
Hidalgo County District Clerks  
Reviewed By: Alan Garcia

**NOTICE: Pursuant to TRCP 126: Statement of Inability to Afford Payment of Court Costs or an Appeal Bond filed = NO**

**C-1550-21-B  
93RD DISTRICT COURT, HIDALGO COUNTY, TEXAS**

**CITATION  
THE STATE OF TEXAS**

**NOTICE TO DEFENDANT:** You have been sued. You may employ an attorney. If you or your attorney do not file a written answer with the clerk who issued this citation by 10:00 a.m. on the Monday next following the expiration of twenty (20) days after you were served with this citation and petition, a default judgment may be taken against you. In addition to filing a written answer with the clerk, you may be required to make initial disclosures to the other parties of this suit. These disclosures generally must be made no later than 30 days after you file your answer with the clerk. Find out more at TexasLawHelp.org.

**RICH TRANSPORT, LLC  
REGISTERED AGENT: CT CORPORATION SYSTEM  
1999 BRYAN STREET, SUITE 900  
DALLAS, TX 75201**

You are hereby commanded to appear by filing a written answer to the **PLAINTIFF'S ORIGINAL PETITION** on or before 10:00 o'clock a.m. on the Monday next after the expiration of twenty (20) days after the date of service hereof, before the **Honorable Fernando G Mancias, 93rd District Court of Hidalgo County, Texas** at the Courthouse at 100 North Closner, Edinburg, Texas 78539.

Said petition was filed on this the 23rd day of April, 2021 and a copy of same accompanies this citation. The file number and style of said suit being C-1550-21-B, **CHISTOPHER PENNINGTON VS. FEDEX GROUND PACKAGE SYSTEM, INC., GG'S PRODUCE TRANSPORT, LLC, I GARZA LLC, J.B. HUNT TRANSPORTATION, INC., RICH TRANSPORT, LLC, GO TO LOGISTICS, INC.**

Said Petition was filed in said court by Attorney ANDREW DAO, 2211 NORFOLK ST STE 800 HOUSTON TX 77098.

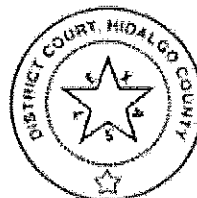
The nature of the demand is fully shown by a true and correct copy of the petition accompanying this citation and made a part hereof.

The officer executing this writ shall promptly serve the same according to requirements of law, and the mandates thereof, and make due return as the law directs.

**ISSUED AND GIVEN UNDER MY HAND AND SEAL** of said Court at Edinburg, Texas on this the 27th day of April, 2021.

**LAURA HINOJOSA, DISTRICT CLERK  
100 N. CLOSNER, EDINBURG, TEXAS  
HIDALGO COUNTY, TEXAS**

**LESLIE AGADO, DEPUTY CLERK**



A-8



Electronically Filed  
7/12/2021 4:33 PM  
Hidalgo County District Clerks  
Reviewed By: Alessandra Galvan

**CAUSE NO. C-1550-21-B**

CHRISTOPHER PENNINGTON  
PLAINTIFF

VS.

FEDEX GROUND PACKAGE SYSTEM, INC.,  
ET AL  
DEFENDANT

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IN THE 93rd District Court

HIDALGO COUNTY, TX

**RETURN OF SERVICE**

**ON Thursday, July 8, 2021 AT 11:58 AM**

CITATION, PLAINTIFF'S ORIGINAL PETITION for service on GO TO LOGISTICS, INC C/O REGISTERED AGENT TOMASZ RZEDAIAAN came to hand.

**ON Monday, July 12, 2021 AT 2:35 PM, I, Jason-Laning, PERSONALLY DELIVERED THE ABOVE-NAMED DOCUMENTS TO:** GO TO LOGISTICS, INC C/O REGISTERED AGENT TOMASZ RZEDAIAAN, 2233 WEST STREET, RIVER GROVE, COOK COUNTY, IL 60171.

My name is Jason Laning. My address is 2S750 Cherbourg, Oak Brook, IL 60523. My date of birth is 6/30/1977. I am in all ways competent to make this statement, and this statement is based on personal knowledge. I am not a party to this case and have no interest in its outcome. I declare under penalty of perjury that the foregoing is true and correct.

Executed in COOK COUNTY, IL on Monday, July 12, 2021 AT 2:35 PM.

/S/ Jason Laning

DATE 8/5/2021  
A true copy I certify  
LAURA HINOJOSA  
District Clerk, Hidalgo County, Texas  
By [Signature] Deputy #34

Christopher Pennington

Doc ID: 284017\_4



Electronically Filed  
7/12/2021 4:33 PM  
Hidalgo County District Clerks  
Reviewed By: Alessandra Galvan

**NOTICE: Pursuant to TRCP 126: Statement of Inability to Afford Payment of Court Costs or an Appeal Bond filed = NO**

**C-1550-21-B**  
**93RD DISTRICT COURT, HIDALGO COUNTY, TEXAS**

**CITATION**  
**THE STATE OF TEXAS**

**NOTICE TO DEFENDANT:** You have been sued. You may employ an attorney. If you or your attorney do not file a written answer with the clerk who issued this citation by 10:00 a.m. on the Monday next following the expiration of twenty (20) days after you were served with this citation and petition, a default judgment may be taken against you. In addition to filing a written answer with the clerk, you may be required to make initial disclosures to the other parties of this suit. These disclosures generally must be made no later than 30 days after you file your answer with the clerk. Find out more at [TexasLawHelp.org](http://TexasLawHelp.org).

**GO TO LOGISTICS, INC.**  
**REGISTERED AGENT: TOMASZ RZEDAIA**  
**2233 WEST STREET**  
**RIVER GROVE, IL 60171**

You are hereby commanded to appear by filing a written answer to the **PLAINTIFF'S ORIGINAL PETITION** on or before 10:00 o'clock a.m. on the Monday next after the expiration of twenty (20) days after the date of service hereof, before the **Honorable Fernando G Mancias, 93rd District Court** of Hidalgo County, Texas at the Courthouse at 100 North Closner, Edinburg, Texas 78539.

Said petition was filed on this the 23rd day of April, 2021 and a copy of same accompanies this citation. The file number and style of said suit being **C-1550-21-B, CHRISTOPHER PENNINGTON VS. FEDEX GROUND PACKAGE SYSTEM, INC., GG'S PRODUCE TRANSPORT, LLC, I GARZA LLC, J.B. HUNT TRANSPORTATION, INC., RICH TRANSPORT, LLC, GO TO LOGISTICS, INC.**

Said Petition was filed in said court by Attorney ANDREW DAO, 2211 NORFOLK ST STE 800 HOUSTON TX 77098.

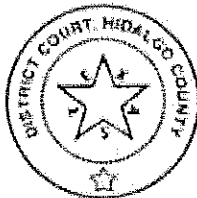
The nature of the demand is fully shown by a true and correct copy of the petition accompanying this citation and made a part hereof.

The officer executing this writ shall promptly serve the same according to requirements of law, and the mandates thereof, and make due return as the law directs.

**ISSUED AND GIVEN UNDER MY HAND AND SEAL** of said Court at Edinburg, Texas on this the 27th day of April, 2021.

**LAURA HINOJOSA, DISTRICT CLERK**  
**100 N. CLOSNER, EDINBURG, TEXAS**  
**HIDALGO COUNTY, TEXAS**

**LESLIE AGADO, DEPUTY CLERK**



A-9



Electronically Filed  
7/9/2021 4:30 PM  
Hidalgo County District Clerks  
Reviewed By: Alessandra Galvan

ecfs@dalyblack.com (service)

**BUSH & BUSH LAW GROUP**

Charles Bush  
Texas Bar No. 24096028  
Email: cbush@bushlawgrp.com  
Amber Chambers  
Texas Bar No. 24100300  
Email: achambers@bushlawgrp.com  
3710 Rawlins Street, Suite 1420  
Dallas, Texas 75219  
Telephone: (214) 615-6394  
Facsimile: (833) 817-6428  
service@bushlawgrp.com

**LAW OFFICE OF BILAAL BADAT PLLC**

Bilaal Badat  
Texas Bar No. 24096010  
4151 Southwest Freeway, Suite 320  
Houston, Texas 77027  
Telephone: (713) 689-9805  
bilaalbadat.law@outlook.com  
**ATTORNEYS FOR PLAINTIFF**

**CERTIFICATE OF SERVICE**

I hereby certify that on July 9, 2021, a true and correct copy of the foregoing document was sent via Efile Texas, to all counsel of records in accordance with Rules 21 and 21a of the Texas Rules of Civil Procedure.

By: /s/Ajay K. Ketkar  
Ajay K. Ketkar

A-10

CAUSE NO. C-1550-21-B

Christopher Pennington,

Plaintiff,

VS.

FedEx Ground Package System, Inc.,  
GG's Produce Transport, LLC, I Garza  
LLC, J.B. Hunt Transport, Inc., Rich  
Transport, LLC and Go To Logistics, Inc.,

Defendants.

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IN THE DISTRICT COURT OF

HIDALGO COUNTY, TEXAS

93<sup>rd</sup> JUDICIAL DISTRICT**DEFENDANTS GG'S PRODUCE TRANSPORT, LLC AND I GARZA LLC'S  
MOTION TO TRANSFER VENUE**

Defendants GG's Produce Transport, LLC and I Garza LLC ("Defendants") file this Motion to Transfer Venue asking the Court to transfer this case from Hidalgo County to Tarrant County, and would show the Court as follows:

**BACKGROUND**

1. On April 23, 2021, Plaintiff Christopher Pennington ("Plaintiff") filed an Original Petition in the 93rd Judicial District Court in Hidalgo County, Texas (the "Petition").
2. This lawsuit arises out of a multi-vehicle accident that occurred following an ice storm in Tarrant County, Texas on February 11, 2021 ("the Incident"). Plaintiff alleges that:

"on February 11, 2021, Plaintiff was traveling on Interstate 35-West in Fort Worth, Texas, when he was involved in a catastrophic incident. Multiple vehicles were piled up, and the highway was blocked for hours as individuals were trapped inside vehicles."

See Plaintiffs' Petition ¶ 12.

Plaintiff further alleges that:

"Many drivers suffered serious injuries, and several tragically lost their lives. Plaintiff was among those who suffered severe injuries due to Defendants' actions."

See Plaintiffs' Petition ¶ 13.

DATE 8/5/2021  
A true copy I certify  
LAURA HINOJOSA  
District Clerk, Hidalgo County, Texas  
By [Signature] Deputy #34



3. In spite of the Incident's overwhelming connection with the city of Fort Worth and with Tarrant County, Plaintiff filed this lawsuit in Hidalgo County, Texas—some 490 miles and at least seven hours and 30 minutes from the scene of the incident, the primary witnesses, and the 100+ individuals involved in the Incident.

4. The Petition alleges that Defendants FedEx, GG's Produce Transport, LLC, I Garza LLC, Rich Logistics, and Go To Logistics' drivers failed to control or stop their vehicles, failed to recognize and account for road conditions, and failed to exercise extreme caution in hazardous conditions, consistent with federal trucking regulations." *See Id.* at ¶ 12.

5. Plaintiff alleges that Defendant GG's Produce Transport, LLC and Defendant I Garza LLC both maintain their respective principal offices in Hidalgo County, and that the remaining Defendants' principal offices are in multiple different counties. *See Id.* at ¶ 10. This allegation regarding GG and I Garza is the sole and only basis for Plaintiff's attempt to maintain venue in Hidalgo County. As set forth below, venue is improper in Hidalgo County and the case should be transferred to Tarrant County, where the incident occurred.

#### **ARGUMENT AND AUTHORITIES**

6. The general venue statute of the Texas Civil Practice and Remedies Code controls. Such statute provides that:

Except as otherwise provided by this subchapter or Subchapter B or C, all lawsuits shall be brought:

- (1) in the county in which all or a substantial part of the events or omissions giving rise to the claim occurred;
- (2) in the county of defendant's residence at the time the cause of action accrued if defendant is a natural person;
- (3) in the county of the defendant's principal office in this state, if the defendant is not a natural person; or
- (4) if Subdivisions (1), (2), and (3) do not apply, in the county in which the

plaintiff resided at the time of the accrual of the cause of action.  
TEX. CIV. PRAC. & REM. CODE § 15.002(a).

According to Plaintiff's petition and the 149- page Police Report in this matter, the accident occurred in Fort Worth, Texas, located in Tarrant County. *See* Plaintiff's Petition ¶ 12 and Exhibit A, which is attached hereto and incorporated herein by reference. Accordingly, venue is proper in Tarrant County pursuant to TEX. CIV. PRAC. & REM. CODE § 15.002(a)(1).

7. In the alternative, and without waiver of the foregoing, Defendants assert that a convenience transfer to Tarrant County is appropriate. A trial court may transfer a case to another county of proper venue in the interest of justice and for the convenience of the parties and witnesses. TEX. CIV. PRAC. & REM. CODE § 15.002(b). To transfer venue based upon convenience, the Court must find that:

- (1) maintaining the action in Hidalgo County would work an injustice to Defendants considering their respective personal and economic hardship;
- (2) the balance of interests of all parties predominates in favor of the action being brought in Tarrant County; and
- (3) transfer to Tarrant County would not work an injustice to Plaintiff.

*See* TEX. CIV. PRAC. & REM. CODE § 15.002(b)(1)-(3).

8. All of these requirements are satisfied in the case at bar. The Incident occurred in Tarrant County. There were approximately 148 vehicles involved in this accident. *See* Exhibit A. According to the Police Report 81 of the 113 drivers identified in the Police Report reside in Tarrant County, Texas. *Id.* In fact, according to the Police Report, Plaintiff Christopher Pennington resides in Haslet Texas, located in Tarrant County, Texas.

9. Furthermore, according to the Police Report, the Fort Worth Police Department was the agency that responded to and investigated the accident. *Id.* The Fort Worth Police



Department as well as the emergency medical personnel who responded to and investigated the Incident are located in or near Tarrant County.

10. Litigating this case in Hidalgo County would undoubtedly impose personal and economic hardships on all litigants in this case, including Defendants GG and I Garza, as their ability to defend themselves would be imperiled because key witnesses will almost certainly be beyond subpoena range. *See* Tex. R. Civ. P. 176.3 (a witness may be compelled to appear and produce documents in any county within 150 miles of where the witness resides or was served.)

11. Transferring this case to Tarrant County —where the Incident happened and important witnesses are located would serve the interests of all parties because evidence and testimony would be more readily available since most of the drivers involved in the accident reside in Tarrant County and because non-party witnesses such as police officers and emergency medical personnel would be less inconvenienced. Finally, transferring the case to Tarrant County would not work an injustice on Plaintiff as neither Plaintiff nor their counsel appear to reside or work in Hidalgo County.<sup>1</sup>

### **CONCLUSION**

12. For these reasons, Defendants GG's Produce Transport, LLC and I Garza LLC request that this matter be transferred to Tarrant County pursuant to TEX. CIV. PRAC. & REM. CODE § 15.002(a) and/or (b); that Plaintiff Christopher Pennington takes nothing by way of this suit; that Judgment be entered for the Defendants GG's Produce Transport, LLC and I Garza LLC; and that Defendants GG's Produce Transport, LLC and I Garza LLC have any other and further relief, at law or in equity, to which it may show itself to be justly entitled.

---

<sup>1</sup> (*See* Plaintiff's petition and Exhibit A. p. 147).

Respectfully submitted,

**SHEEHY, WARE & PAPPAS, P.C**

/s/ Jana H. Taylor

**JANA HICKS TAYLOR**

SBN: 24012826

3838 Oak Lawn Avenue, Suite 250

Dallas, Texas 75219

(214) 521-7500 Telephone

(214) 520-1708 Facsimile

jtaylor@sheehyware.com

**ATTORNEYS FOR DEFENDANTS**

**GG'S PRODUCE TRANSPORT, LLC**

**AND I GARZA LLC**

<b>CERTIFICATE OF SERVICE</b>
-------------------------------

I hereby certify that a true and correct copy of the foregoing document has been provided to all known counsel of record pursuant to the Texas Rules of Civil Procedures on this 28<sup>th</sup> day of July, 2021.

/s/ Jana H. Taylor

**JANA HICKS TAYLOR**

Electronically Filed  
7/28/2021 11:35 AM  
Hidalgo County District Clerks  
Reviewed By: Alessandra Galvan

# EXHIBIT

# A

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total  
Num. 1 4 8  
Units

 Total  
Num. 7/28/2021 11:35 AM  
Prsn. 3 6 1  
Hidalgo County District Clerks

Electronically Filed

 Reviewed By: Alessandra Galvan  
Page 1 of 149

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																																																							
*County Name TARRANT				*City Name FORT WORTH																																																									
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																																																							
ROAD ON WHICH CRASH OCCURRED																																																													
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600																																																							
3 Street Prefix		*Street Name		4 Street Suffix																																																									
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> No																																																							
Workers Present <input checked="" type="checkbox"/> No		Street Desc.																																																											
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																													
At Int. <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1																																																							
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																																																							
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker																																																							
Street Desc. HWY		RRX Num.																																																											
Unit Num. 1		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX																																																							
LP Num. GXG2275		VIN 5YFBURHE0GP446084																																																											
Veh. Year 2016		6 Veh. Color BLK		Veh. Make TOYOTA		Veh. Model COROLLA																																																							
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																											
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 4141823		9 DL Class C																																																							
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 04/06/1979																																																									
Address (Street, City, State, ZIP) 14005 DREAMRIVER TRL HASLET TX 76052																																																													
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Psn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>SHOOK JOBETH WILBERS</td> <td>N</td> <td>41</td> <td>W</td> <td>2</td> <td>1</td> <td>1</td> <td>2</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>								Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	SHOOK JOBETH WILBERS	N	41	W	2	1	1	2	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
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27 Vehicle Damage Rating 1 12- FD-2 27 Vehicle Damage Rating 2 - - Vehicle Inventoried <input checked="" type="checkbox"/> No																																																													
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27 Vehicle Damage Rating 1 12- FD-6 27 Vehicle Damage Rating 2 - - Vehicle Inventoried <input checked="" type="checkbox"/> No																																																													
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Electronically Filed  
7/28/2021 11:35 AMLaw Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDHidalgo County District Clerk  
Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)										
					/ /											
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					/ /											
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					/ /											
CHARGES	Unit Num.	Prsn. Num.	Charge				Citation/Reference Num.									
DAMAGE	Damaged Property Other Than Vehicles			Owner's Name		Owner's Address										
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.								
	Carrier's Corp. Name			Carrier's Primary Addr.			30 Veh. Type									
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type								
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No								
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:								
FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control		
								98	3	97	3	2	6	96		
NARRATIVE AND DIAGRAM	<p>VEHICLES WERE TRAVELING SOUTHBOUND AT THE 2600 BLOCK OF THE IH35 EXPRESS LANES WHEN THEY ENCOUNTERED ICY ROAD CONDITIONS. VEHICLES BEGAN TO COLLIDE WITH EACH OTHER JAMMING UP THE ROADWAY. AS OTHER VEHICLES APPROACHED THEY WERE UNABLE TO STOP IN TIME TO AVOID THE OTHER VEHICLES ALREADY INVOLVED IN THE COLLISION. SIX PERSONS WERE PRONOUNCED DECEASED ON SCENE.</p>															
	<p>DIAGRAM ON SEPARATE PAGE</p>															
INVESTIGATOR	Time Notified (24HR:MM)		0 6 2 0		How Notified		DISPATCH		Time Arrived (24HR:MM)		0 6 4 0		Report Date (MM/DD/YYYY)		0 3 / 0 1 / 2 0 2 1	
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)				HARPER, G. MARTIN, K				ID Num.				3380-3421	
	ORI Num.	TX 2 2 0 1 2 0 0				*Agency				FORT WORTH POLICE DEPARTMENT				Service/Region/DA		C E N T R L

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total  
Num. 1 4 8  
Units

 Total  
Num. 7/28/2021 11:35 AM  
Prsn. Hidalgo County District Clerks

Electronically Filed

 Reviewed By: Alessandra Galvan  
Page 3 of 149

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/Toll Lane			
Speed Limit		Const. Zone <input checked="" type="checkbox"/> No		Workers Present <input checked="" type="checkbox"/> No		Street Desc.	
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 3		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. CSZ8504		VIN 1NXXBR32E28Z015365					
Veh. Year 2008		6 Veh. Color SIL		Veh. Make TOYOTA		Veh. Model COROLLA	
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 26786442		9 DL Class C	
10 CDL End. 99		11 DL Rest. A		DOB (MM/DD/YYYY) 11/04/1987			
Address (Street, City, State, ZIP) 8145 IRON DR #427 FORT WORTH TX 76137							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name LIND MELISSA CATHERINE	
14 Injury Severity N		Age 33		15 Ethnicity B		16 Sex 2	
17 Eject. 1		18 Restr. 1		19 Airbag 2		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address LIND MELISSA CATHERINE 8145 IRON DR #427 FORT WORTH TX 76137							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE		Fin. Resp. Num. 915131443	
27 Vehicle Damage Rating 1 12-		FD-6		27 Vehicle Damage Rating 2 -		Vehicle Inventoried <input checked="" type="checkbox"/> No	
Towed By ABC WRECKER				Towed To ABC WRECKER YARD			
Unit Num. 4		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. CPC2932		VIN 1ZVHT80N475239372					
Veh. Year 2007		6 Veh. Color GRY		Veh. Make FORD		Veh. Model MUSTANG	
7 Body Style P2		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99	
10 CDL End. 99		11 DL Rest. 99		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP) UNK UNK UN UNK							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name UNK UNK	
14 Injury Severity 99		Age 99		15 Ethnicity 99		16 Sex 99	
17 Eject. 99		18 Restr. 99		19 Airbag 99		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address LANEY RONALD LEE II 1500 BIRDS EYE RD FORT WORTH TX 76177							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		26 Fin. Resp. Type 1		Fin. Resp. Name FARMERS		Fin. Resp. Num. 45408715	
27 Vehicle Damage Rating 1 12-		FD-6		27 Vehicle Damage Rating 2 -		Vehicle Inventoried <input checked="" type="checkbox"/> No	
Towed By ABC WRECKER				Towed To ABC WRECKER			

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7/28/2021 11:35 AM

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Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDHidalgo County District Clerk  
Reviewed By: Alessandra Salvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
					/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type	
	Carrier's Corp. Name	Carrier's Primary Addr.									
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type		
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
									98	3	97	3	2	6	96

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE														

INVESTIGATOR	Time Notified (24HR:MM)				How Notified	Time Arrived (24HR:MM)				Report Date (MM/DD/YYYY)				ID Num.
		0	6	2	0	DISPATCH	0	6	4	0	0	3	0	1

ORI Num.	Investigator Name (Printed)										Agency	Service/ Region/DA
	T X 2 2 0 1 2 0 0	HARPER, G. MARTIN, K										FORT WORTH POLICE DEPARTMENT



☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. 1 4 8 Units	Total Num. 7/28/2021 11:35 AM Prsnl 1 3 6 Hidalgo County District Clerks
------------------------------	---

Reviewed By: Alessandra Galvan

Page 5 of 149

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

★=These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.)

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600	Case ID 210011068		Local Use
*County Name TARRANT			*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277	
ROAD ON WHICH CRASH OCCURRED					
*1 Rdwy. Sys. TL	*Hwy. Num. 35	2 Rdwy. Part 1	Block Num. 2600	3 Street Prefix	*Street Name
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane	Speed Limit	Const. Zone <input checked="" type="checkbox"/> No	Workers Present <input checked="" type="checkbox"/> No
				Street Desc.	4 Street Suffix
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER					
At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1 Rdwy. Sys. LR	Hwy. Num.	2 Rdwy. Part 1	Block Num. 2500	3 Street Prefix NE
				Street Name 28TH	4 Street Suffix ST
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker S	Reference Marker	Street Desc. HWY
					RRX Num.
Unit Num. 5	5 Unit Desc. 1	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State TX	LP Num. JRB4105
Veh. Year 2008	6 Veh. Color SIL	Veh. Make NISSAN	Veh. Model FRONTIER	7 Body Style SV	<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 7637453	9 DL Class C	10 CDL End. 99	11 DL Rest. A
Address (Street, City, State, ZIP) 4416 JESSICA ST		FORT WORTH		TX 76244	
		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line			
Person Num. 1	12 Psn. Type 1	13 Seat Position 1	ALONZO NORMA VARELA	14 Injury Severity N	Age 45
				15 Ethnicity W	Sex 2
				16 Sex 1	17 Eject. 1
				18 Restr. 2	19 Airbag 97
				20 Helmet N	21 Sol. 96
				22 Alc. Spec. 96	Alc. Result 96
				23 Drug Spec. 97	24 Drug Result 97
				25 Drug Category 97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee					
Owner/Lessee Name & Address ALONZO JACINTO 921 AVE E		FORT-WORTH TX 79041			
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name FARMERS	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		27 Vehicle Damage Rating 2 FD-6	
Towed By TEXAS TOWING		Towed To TEXAS TOWING			
Unit Num. 6	5 Unit Desc. 1	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State WA	LP Num. 80104RP
Veh. Year 2020	6 Veh. Color WHI	Veh. Make VOLVO	Veh. Model ACL	7 Body Style TR	<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type 1	DL/ID State WA	DL/ID Num. SINGHS1020D	9 DL Class 98	10 CDL End. 98	11 DL Rest. 98
Address (Street, City, State, ZIP) 4243 STONE CREST CT		BELLINGHAM		WA 98226	
		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line			
Person Num. 1	12 Psn. Type 1	13 Seat Position 1	SINGH SUKHWINDER	14 Injury Severity N	Age 30
				15 Ethnicity A	Sex 1
				16 Sex 1	17 Eject. 1
				18 Restr. 1	19 Airbag 97
				20 Helmet N	21 Sol. 96
				22 Alc. Spec. 96	Alc. Result 96
				23 Drug Spec. 97	24 Drug Result 97
				25 Drug Category 97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee					
Owner/Lessee Name & Address SONIC LOGISTICS 6199 NICKLES ST		FERNDAL WA 98248			
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 10-		27 Vehicle Damage Rating 2 FL-2	
Towed By MILNER		Towed To 6320 EDEN DR			



Electronically Filed  
7/28/2021 11:35 AMLaw Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDPage 6 of 149  
Hidalgo County District Clerk  
Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
						/ /
					/ /	
					/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	Carrier's Corp. Name			Carrier's Primary Addr.					
31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No		32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	
Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
								98	3	97	3	2	6	96	

INVESTIGATOR	Time Notified (24HR:MM)		How Notified	Time Arrived (24HR:MM)		Report Date (MM/DD/YYYY)		ID Num.
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	0 6 2 0	DISPATCH	0 6 4 0	0 3 / 0 1 / 2 0 2 1			3380-3421
ORI Num.	TX 2 2 0 1 2 0 0		*Agency	FORT WORTH POLICE DEPARTMENT		Service/Region/DA		C E N T R L

DIAGRAM ON SEPARATE PAGE

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total  
Num. 1 4 8  
Units

 Total  
Num. 7/28/2021 11:35 AM  
Prsn. 3 6 1

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Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

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\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																																																							
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In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																																																									
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<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																							
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Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4-Street Suffix ST																																																							
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker																																																							
Street Desc. HWY		RRX Num.																																																											
Unit Num. 7		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State WA																																																							
LP Num. 23034AE		VIN 1G R A A 0 6 2 3 F W 7 0 2 3 8 3																																																											
Veh. Year 2015		6 Veh. Color WHI		Veh. Make GREAT DANE TRAILERS		Veh. Model NOT APPLICABLE																																																							
7 Body Style TL		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																											
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class																																																							
10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)																																																									
Address (Street, City, State, ZIP)																																																													
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Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE																																																							
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		6- BD-1		27 Vehicle Damage Rating 2																																																							
Towed By MILNER		Towed To MILNER WRECKER YARD																																																											
Unit Num. 8		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State FL																																																							
LP Num. JWAB48		VIN 5 N P D 8 4 L F 9 J H 3 3 2 2 8 2																																																											
Veh. Year 2018		6 Veh. Color GRY		Veh. Make HYUNDAI		Veh. Model ELANTRA COUPE																																																							
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																											
8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99																																																							
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Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																												
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Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																													
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		ARRIETA ESTEBAN ALONSO		1214 ANDALUSIA LOOP																																																							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type		Fin. Resp. Name																																																							
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		12- FD-5		27 Vehicle Damage Rating 2																																																							
Towed By GUY SIMON		Towed To GUY SIMON WRECKER YARD																																																											
Fin. Resp. Num.		27 Vehicle Damage Rating 2		6- RD-5		Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																							

Electronically Filed  
7/28/2021 11:35 AMLaw Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDHidalgo County District Clerk  
Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
					/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input checked="" type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	
	6							2	1	00257317
	Carrier's Corp. Name SONIC LOGISTICS									
	Carrier's Primary Addr. 6199 NICKLES ST FERNDAL WA 98248									
	30 Veh. Type 9									

CMV	31 Bus Type	<input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GVWR	4,982.8	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
	0									3
	Unit Num.	<input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GVWR	4,500.0	34 Trlr. Type	2	CMV Disabling Damage?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type
	Sequence Of Events	35 Seq. 1	98	35 Seq. 2		35 Seq. 3		35 Seq. 4		Intermodal Shipping Container Permit

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
										98	3	97	3	2	6	96

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE														

INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	0	1	2	0	2	1
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) HARPER, G. MARTIN, K																		
	ORI Num.	TX 22012000 *Agency FORT WORTH POLICE DEPARTMENT																			
	ID Num. 3380-3421																				
	Service/Region/DA C E N T R L																				

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Units 1 4 8  
 Total Persons 1 3 6  
 Total Crashes 1 3 6  
 Total Damages \$ 0 0 0

Electronically Filed

7/28/2021 11:35 AM

Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 9 of 149

Refer to Attached Code Sheet for Numbered Fields

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 0 2 / 1 1 / 2 0 2 1		*Crash Time (24HRMM) 0 6 0 0		Case ID 210011068		Local Use																																																							
*County Name TARRANT				*City Name FORT WORTH																																																									
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 3 2 7 9 5 1 3		Longitude (decimal degrees) - 0 9 7 3 2 2 7 7																																																									
ROAD ON WHICH CRASH OCCURRED																																																													
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600																																																							
3 Street Prefix		*Street Name		4 Street Suffix																																																									
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> No																																																							
Workers Present <input checked="" type="checkbox"/> No		Street Desc.																																																											
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																													
At Int. <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1																																																							
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																																																							
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker																																																							
Street Desc. HWY		RRX Num.																																																											
Unit Num. 9		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX																																																							
LP Num. HPN6310		VIN 1 F A H P 3 F 2 1 C L 2 5 6 7 9 4																																																											
Veh. Year 2 0 1 2		6 Veh. Color SIL		Veh. Make FORD		Veh. Model FOCUS																																																							
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																											
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 27457841		9 DL Class C																																																							
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 0 9 / 1 7 / 1 9 9 1																																																									
Address (Street, City, State, ZIP) 329 WEST SOUTHERN AVE SAGINAW TX 76179																																																													
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line																																																													
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Psn. Type</th> <th>13 Seat Position</th> <th>Name</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>GARRETT MELISSA ELIZABETH</td> <td>B</td> <td>29</td> <td>W</td> <td>2</td> <td>1</td> <td>1</td> <td>5</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>								Person Num.	12 Psn. Type	13 Seat Position	Name	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	GARRETT MELISSA ELIZABETH	B	29	W	2	1	1	5	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
Person Num.	12 Psn. Type	13 Seat Position	Name	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																												
1	1	1	GARRETT MELISSA ELIZABETH	B	29	W	2	1	1	5	97	N	96		96	97	97																																												
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																													
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address GARRETT MELISSA ELIZABETH 329 WEST SOUTHERN AVE SAGINAW TX 76179																																																													
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt Fin. Resp. Name GEICO Fin. Resp. Num. 4269178069																																																													
26 Fin. Resp. Type 1 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 9- LBQ-6 Vehicle Inventoried <input checked="" type="checkbox"/> No																																																													
Towed By A1 TOWING Towed To A1 TOWING YARD																																																													
Unit Num. 10 5 Unit Desc. 1 <input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run LP State TX LP Num. 00010A3 VIN 1 G N E K 1 3 T 2 Y J 1 6 3 6 1 4																																																													
Veh. Year 2 0 0 0 6 Veh. Color GRY Veh. Make CHEVROLET Veh. Model TAHOE C1500 7 Body Style SV																																																													
8 DL/ID Type 99 DL/ID State UN DL/ID Num. 9 DL Class 99 10 CDL End. 99 11 DL Rest. 99 DOB (MM/DD/YYYY)																																																													
Address (Street, City, State, ZIP) UNKNOWN UNK UN UNK																																																													
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line																																																													
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Person Num.	12 Psn. Type	13 Seat Position	Name	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																												
1	1	1	UNKNOWN UNK UNK	99		99	99	99	99	1	97	N	96		96	97	97																																												
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																													
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address GARCIA LUIS 6760 CALMONT AVE #204 FORT WORTH TX 76116																																																													
Proof of <input type="checkbox"/> Yes <input type="checkbox"/> Expired <input checked="" type="checkbox"/> No <input type="checkbox"/> Exempt Fin. Resp. Name Fin. Resp. Num.																																																													
26 Fin. Resp. Type 27 Vehicle Damage Rating 1 12- FD-3 27 Vehicle Damage Rating 2 6- RD-3 Vehicle Inventoried <input checked="" type="checkbox"/> No																																																													
Towed By A1 TOWING Towed To A1 TOWING YARD																																																													

Electronically Filed  
7/28/2021 11:35 AM

Page 10 of 149

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDHidalgo County District Clerk  
Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	9	1		TEXAS HEALTH ALLIANCE	SELF	/ /
					/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	31 Bus Type		<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
Unit Num.		<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
									98	3	97	3	2	6	96	

NARRATIVE AND DIAGRAM	Time Notified (24HR:MM)		How Notified	Time Arrived (24HR:MM)		Report Date (MM/DD/YYYY)	
		0 6 2 0	DISPATCH	0 6 4 0	0 3 / 0 1 / 2 0 2 1		

INVESTIGATOR	Invest. Comp.	Investigator Name (Printed)	ID Num.
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HARPER, G. MARTIN, K	3380-3421

ORI Num.	Agency	Service/Region/DA
TX 2 2 0 1 2 0 0	FORT WORTH POLICE DEPARTMENT	C E N T R L

DIAGRAM ON SEPARATE PAGE



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Units 1 4 8  
 Total Num. 7/28/2021 3:35 AM  
 Prsn. Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 11/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 11 of 149

Refer to Attached Code Sheet for Numbered Fields

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																																																							
*County Name TARRANT				*City Name FORT WORTH																																																									
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																																																							
ROAD ON WHICH CRASH OCCURRED																																																													
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600																																																							
3 Street Prefix		*Street Name		4 Street Suffix																																																									
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit																																																							
Const. Zone <input checked="" type="checkbox"/> No				Workers Present <input checked="" type="checkbox"/> No		Street Desc.																																																							
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																													
At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1																																																							
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																																																							
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker																																																							
Street Desc. HWY		RRX Num.																																																											
Unit Num. 11		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX																																																							
LP Num. MMC4853		VIN J T E B U 5 J R 8 K 5 7 0 1 8 4 6																																																											
Veh. Year 2019		6 Veh. Color BLU		Veh. Make TOYOTA		Veh. Model 4RUNNER/SR5																																																							
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																											
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 16052371		9 DL Class C																																																							
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 04/16/1977																																																									
Address (Street, City, State, ZIP) 11112 HAWKS LANDING HASLET TX 76052																																																													
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line																																																													
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Psn. Type</th> <th>13 Seat Position</th> <th>Name</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>CASE AMY RENEE</td> <td>B</td> <td>43</td> <td>W</td> <td>2</td> <td>1</td> <td>1</td> <td>2</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">           Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.         </td> </tr> </tbody> </table>								Person Num.	12 Psn. Type	13 Seat Position	Name	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	CASE AMY RENEE	B	43	W	2	1	1	2	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
Person Num.	12 Psn. Type	13 Seat Position	Name	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																												
1	1	1	CASE AMY RENEE	B	43	W	2	1	1	2	97	N	96		96	97	97																																												
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<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee																																																													
Owner/Lessee Name & Address CASE AMY RENEE HASLET TX 76052																																																													
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt																																																													
26 Fin. Resp. Type 1																																																													
Fin. Resp. Name PROGRESSIVE																																																													
Fin. Resp. Num. 43657558																																																													
27 Vehicle Damage Rating 1 12" FD-5																																																													
27 Vehicle Damage Rating 2 6" RD-5																																																													
Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																													
Towed By A1 TOWING																																																													
Towed To A1 TOWING YARD																																																													
Unit Num. 12																																																													
5 Unit Desc. 1																																																													
<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run																																																													
LP State TX																																																													
LP Num. JRK8228																																																													
VIN 3 V W V A 7 A T 5 D M 6 3 5 6 5 5																																																													
Veh. Year 2013																																																													
6 Veh. Color SIL																																																													
Veh. Make VOLKSWAGEN																																																													
Veh. Model NEW BEETLE																																																													
7 Body Style P2																																																													
<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																													
8 DL/ID Type 1																																																													
DL/ID State TX																																																													
DL/ID Num. 10013746																																																													
9 DL Class C																																																													
10 CDL End. 96																																																													
11 DL Rest. A																																																													
DOB (MM/DD/YYYY) 01/25/1984																																																													
Address (Street, City, State, ZIP) 7619 CROUSE DR FORT WORTH TX 76137																																																													
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line																																																													
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Person Num.	12 Psn. Type	13 Seat Position	Name	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																												
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<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee																																																													
Owner/Lessee Name & Address GALAVIZ ISMAEL 7916 CROUSE DR FORT WORTH TX 76137																																																													
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt																																																													
26 Fin. Resp. Type 1																																																													
Fin. Resp. Name LIBERTY COUNTY MUTUAL																																																													
Fin. Resp. Num. Y8012314																																																													
27 Vehicle Damage Rating 1 3" RP-7																																																													
27 Vehicle Damage Rating 2 12" FD-7																																																													
Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																													
Towed By TEXAS TOWING																																																													
Towed To TEXAS TOWING																																																													

Electronically Filed  
7/28/2021 11:35 AMLaw Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDPage 12 of 149  
Hidalgo County District Clerk  
Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	11	1		LOCAL HOSPITAL	SELF	/ /
12	1		LOCAL HOSPITAL	SELF	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	Carrier's Corp. Name			Carrier's Primary Addr.						
31 Bus Type	<input type="checkbox"/> RGW <input type="checkbox"/> GVWR	HazMat Released		<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	
Unit Num.	<input type="checkbox"/> RGW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
									98	3	97	3	2	6	96

NARRATIVE AND DIAGRAM	Time Notified (24HR:MM)		How Notified	Time Arrived (24HR:MM)		Report Date (MM/DD/YYYY)	
		0 6 2 0	DISPATCH	0 6 4 0	0 3 / 0 1 / 2 0 2 1		

INVESTIGATOR	Invest. Comp.	Investigator Name (Printed)	ID Num.
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HARPER, G. MARTIN, K	3380-3421

ORI Num.	*Agency	Service/Region/DA
TX 2201200	FORT WORTH POLICE DEPARTMENT	C E N T R L

DIAGRAM ON SEPARATE PAGE

☒ FATAL ☒ CMV ☐ SCHOOL BUS- ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. 1 4 8 Units	Total Num. 7/28/2021 1 35 AM Prsnl 3 6 Hidalgo County District Clerks
------------------------------	--

Reviewed By: Alessandra Galvan

Page 13 of 149

★=These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

<small>* If transportation</small>		★Crash Date (MM/DD/YYYY) 02/11/2021		★Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																																																							
★County Name TARRANT				★City Name FORT WORTH				<input type="checkbox"/> Outside City Limit																																																							
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																																																									
<b>ROAD ON WHICH CRASH OCCURRED</b>																																																															
★1 Rdwy. Sys. TL		★Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600		3 Street Prefix																																																							
								★Street Name																																																							
								4 Street Suffix																																																							
<input type="checkbox"/> Crash-Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/ Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																							
								Street Desc.																																																							
<b>INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER</b>																																																															
At <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Svs. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num. 2500																																																							
								3 Street Prefix NE																																																							
								Street Name 28TH																																																							
								4 Street Suffix ST																																																							
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker		Street Desc. HWY																																																							
								RRX Num.																																																							
<b>VEHICLE DRIVER &amp; PERSONS</b>																																																															
Unit Num. 13		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		LP Num. 97216B2																																																							
Veh. Year 2016		6 Veh. Color GRAY		Veh. Make KIA		Veh. Model SPORTAGE		7 Body Style SV																																																							
								<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																							
8 DL/ID Type 4		DL/ID State TX		DL/ID Num. 41806307		9 DL Class 5		10 CDL End. 5																																																							
								11 DL Rest. 5																																																							
								DOB (MM/DD/YYYY) 08/03/1975																																																							
Address (Street, City, State, ZIP) 2400 INDIAN HEAD DR FORT WORTH TX 76177																																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Person Num.</th> <th>12 Psn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line---</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>WATSON AARON LUK</td> <td>N</td> <td>45</td> <td>W</td> <td>1</td> <td>1</td> <td>1</td> <td>5</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18" style="text-align: right;">Not Applicable – Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>										Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line---	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	WATSON AARON LUK	N	45	W	1	1	1	5	97	N	96		96	97	97	Not Applicable – Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line---	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																														
1	1	1	WATSON AARON LUK	N	45	W	1	1	1	5	97	N	96		96	97	97																																														
Not Applicable – Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																															
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee    Owner/Lessee Name & Address: WATSON AARON LUK 2400 INDIAN HEAD DR FORT WORTH TX 76177																																																															
Proof of <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    Expired <input type="checkbox"/> Exempt    26 Fin. Resp. Type    Fin. Resp. Name    Fin. Resp. Num.																																																															
Fin. Resp. Phone Num.    27 Vehicle Damage Rating 1 12- FD-7    27 Vehicle Damage Rating 2 6- RD-7    Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																															
Towed By TEXAS TOWING    Towed To TEXAS TOWING																																																															
<b>VEHICLE DRIVER &amp; PERSONS</b>																																																															
Unit Num. 14		5 Unit Desc. 4		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State		LP Num.																																																							
Veh. Year		6 Veh. Color		Veh. Make		Veh. Model		7 Body Style																																																							
								<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																							
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 41806307		9 DL Class C		10 CDL End. 96																																																							
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Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																														
1	4	16	WATSON AARON LUKE	K	45	W	1	97	97	97	97	N	96		96	97	97																																														
Not Applicable – Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																															
<input type="checkbox"/> Owner <input type="checkbox"/> Lessee    Owner/Lessee Name & Address:																																																															
Proof of <input type="checkbox"/> Yes <input type="checkbox"/> No    Expired <input type="checkbox"/> Exempt    26 Fin. Resp. Type    Fin. Resp. Name    Fin. Resp. Num.																																																															
Fin. Resp. Phone Num.    27 Vehicle Damage Rating 1 - -    27 Vehicle Damage Rating 2 - -    Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No																																																															
Towed By    Towed To																																																															



Electronically Filed  
7/28/2021 11:35 AM

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Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDHidalgo County District Clerk  
Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)								
	14	1	FW FUNERALS AND CREMATIONS	TARRANT CTY MORGUE	0 2 / 1 1 / 2 0 2 1	0 6   1 1 3								
					/ /									
					/ /									
					/ /									
					/ /									
CHARGES	Unit Num.	Prsn. Num.	Charge			Citation/Reference Num.								
DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address									
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.						
	Carrier's Corp. Name		Carrier's Primary Addr.				30 Veh. Type							
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type						
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No						
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles						
FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
								98	3	97	3	2	6	96
NARRATIVE AND DIAGRAM	<p style="text-align: center;">DIAGRAM ON SEPARATE PAGE</p>													
INVESTIGATOR	Time Notified (24HR:MM)	0 6   2 0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0 6   4 0	Report Date (MM/DD/YYYY)	0 3 / 0 1 / 2 0 2 1						
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)		HARPER, G. MARTIN, K		ID Num.	3380-3421							
	ORI Num.	TX 2 2 0 1 2 0 0		*Agency		FORT WORTH POLICE DEPARTMENT		Service/Region/DA	C E N T R L					

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Units 1 4 8  
 Total Num. Prsn 7/28/2021 11:35 AM  
 Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 15 of 149

Refer to Attached Code Sheet for Numbered Fields

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Workers Present <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 15		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. GP98DB		VIN 1GCGTDE30G1330774					
Veh. Year 2016		6 Veh. Color WHI		Veh. Make CHEVROLET		Veh. Model COLORADO	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 08361065		9 DL Class C	
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 11/16/1985			
Address (Street, City, State, ZIP) 6049 Nanci Dr WATAUGA TX 76148							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		14 Injury Severity B	
Age 35		15 Ethnicity W		16 Sex 1		17 Eject 1	
18 Restr. 5		19 Airbag 97		20 Helmet N		21 Sol. 96	
22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97		25 Drug Category 97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address MORRIS TERRY ALLEN JR 6049 Nanci Dr WATAUGA TX 76148					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name USAA	
27 Vehicle Damage Rating 1 9-		LP-7		27 Vehicle Damage Rating 2 3-		RP-7	
Vehicle Inventoried <input checked="" type="checkbox"/> No							
Towed By ABC TOWING		Towed To ABC TOWING					
Unit Num. 16		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. NTW9207		VIN 5TFEM5F13JX126739					
Veh. Year 2018		6 Veh. Color BLK		Veh. Make TOYOTA		Veh. Model TUNDRA	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 22530250		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 10/05/1986			
Address (Street, City, State, ZIP) 8933 PROPER ST #5109 FORT WORTH TX 76177							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		14 Injury Severity B	
Age 34		15 Ethnicity H		16 Sex 2		17 Eject 1	
18 Restr. 5		19 Airbag 97		20 Helmet N		21 Sol. 96	
22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97		25 Drug Category 97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address SIMS MONICA IVONNE 8933 PROPER ST #5109 FORT WORTH TX 76177					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ALLSTATE	
27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 9-		LP-5	
Vehicle Inventoried <input checked="" type="checkbox"/> No							
Towed By BEARDS TOWING		Towed To BEARDS TOWING					

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7/28/2021 11:35 AM

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Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDHidalgo County District Clerk  
Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	15	1		LOCAL HOSPITAL	SELF	/ /
16	1		LOCAL HOSPITAL	SELF	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type			
	31 Bus Type		<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR			HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	
Unit Num.		<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR			34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight			Total Num. Axles:			

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
									98	3	97	3	2	6	96	

INVESTIGATOR	NARRATIVE AND DIAGRAM									
		<div style="text-align: center;">DIAGRAM ON SEPARATE PAGE</div>								

INVESTIGATOR	Time Notified (24HR:MM)	How Notified	Time Arrived (24HR:MM)	Report Date (MM/DD/YYYY)	ID Num.
		0 6 2 0	DISPATCH	0 6 4 0	0 3 / 0 1 / 2 0 2 1

INVESTIGATOR	Invest. Comp.	Investigator Name (Printed)	Agency	Service/Region/DA
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HARPER, G.	MARTIN, K	FORT WORTH POLICE DEPARTMENT

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Units 1 3 6  
 Total Num. 7/28/2021 11:35 AM  
 Prsn. Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 17 of 149

Refer to Attached Code Sheet for Numbered Fields

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277			
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 17		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. JBK4811		VIN 1 F T Y R 2 C G 7 G K B 5 0 4 1 1					
Veh. Year 2016		6 Veh. Color WHI		Veh. Make FORD		Veh. Model TRANSIT CONNECT	
7 Body Style VN		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 17963569		9 DL Class C	
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 05/10/1983			
Address (Street, City, State, ZIP) 139 CREASSER LN RHOME TX 76078							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity B		Age 37		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address ENTERPRISE FM TRUST 9315 OLIVE BLVD ST LOUIS MO 63132					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name TRAVELERS	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 9- LP-7		27 Vehicle Damage Rating 2 3- RP-7		Vehicle Inventoried <input checked="" type="checkbox"/> No	
Towed By BEARDS TOWING		Towed To BEARDS TOWING					
Unit Num. 18		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. HVB8086		VIN 3 M Z B M 1 K 7 0 G M 3 2 1 4 3 9					
Veh. Year 2016		6 Veh. Color GRY		Veh. Make MAZDA		Veh. Model MAZDA3	
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 28719796		9 DL Class C	
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 06/22/1993			
Address (Street, City, State, ZIP) 2830 S HULEN ST #166 FORT WORTH TX 76109							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity B		Age 27		15 Ethnicity W		16 Sex 2	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address GOYER ALEXANDRIA PAIGE 2830 S HULEN ST #166 FORT WORTH TX 76109					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name GERMANIA	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 9- LP-7		27 Vehicle Damage Rating 2 12- FD-7		Vehicle Inventoried <input checked="" type="checkbox"/> No	
Towed By ABC TOWING		Towed To ABC TOWING					

Electronically Filed  
7/28/2021 11:35 AMLaw Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDHidalgo County District Clerk  
Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	18	1		JOHN PETER SMITH HOSP	MEDSTAR 578	/ /
17	1		LOCAL HOSPITAL	SELF	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	31 Bus Type		<input type="checkbox"/> RGW <input type="checkbox"/> GVWR		HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.
Unit Num.		<input type="checkbox"/> RGW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGW <input type="checkbox"/> GVWR		34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight			Total Num. Axles:

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control		
								98	3	97	3	2	6	96		

NARRATIVE AND DIAGRAM	Time Notified (24HR:MM)		How Notified	Time Arrived (24HR:MM)		Report Date (MM/DD/YYYY)											
		0	6	2	0	DISPATCH	0	6	4	0	0	3	0	1	2	0	2

INVESTIGATOR	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	ID Num.
				HARPER, G. MARTIN, K

ORI Num.	*Agency	Service/ Region/DA
T X 2 2 0 1 2 0 0	FORT WORTH POLICE DEPARTMENT	C E N T R L

DIAGRAM ON SEPARATE PAGE



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Units 1 4 8  
 Total Num. 7/28/2021 11:35 AM  
 Presn. 3 6 3  
 Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 11/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

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\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit	
Const. Zone <input checked="" type="checkbox"/> No		Workers Present <input checked="" type="checkbox"/> No		Street Desc.			
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Markers		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 19		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State OR	
LP Num. YASF134		VIN 1N1P5L9X77N742670					
Veh. Year 2007		6 Veh. Color WHI		Veh. Make PETERBILT		Veh. Model 397	
7 Body Style TT		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 19529423		9 DL Class A	
10 CDL End. T		11 DL Rest. 96		DOB (MM/DD/YYYY) 11/29/1977			
Address (Street, City, State, ZIP) 16111 MARCELIA DR HOUSTON TX 77049							
Person Num. 1		12 Psn. Type 1		13 Seat Position		Name: Last, First, Middle	
1		1		1		Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity B		Age 43		15 Ethnicity H		16 Sex 1	
17 Eject 1		18 Restr. 1		19 Airbag 1		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Result 97		26 Drug Category		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		SIERRA MOUNTAIN EXPRESS		PORTLAND OR 97203	
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name NATIONAL INTERSTATE	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		1" FD-7		27 Vehicle Damage Rating 2	
12" FR-7		Vehicle Inventoried <input checked="" type="checkbox"/> No					
Towed By MILNER		Towed To MILNER TOWING					
Unit Num. 20		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State OR	
LP Num. HV51486		VIN 1B9CS45207P275496					
Veh. Year 2007		6 Veh. Color BLU		Veh. Make BOYD TANK TRAILERS		Veh. Model NOT APPLICABLE	
7 Body Style TL		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class	
10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP)							
Person Num.		12 Psn. Type		13 Seat Position		Name: Last, First, Middle	
						Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity		Age		15 Ethnicity		16 Sex	
17 Eject		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec.		23 Drug Spec.		24 Drug Result	
25 Drug Result		26 Drug Category		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		SIERRA MOUNTAIN EXPRESS		PORTLAND OR 97203	
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name NATIONAL INTERSTATE	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		6" RD-2		27 Vehicle Damage Rating 2	
-		-		-		Vehicle Inventoried <input checked="" type="checkbox"/> No	
Towed By MILNER		Towed To MILNER TOWING					

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7/28/2021 11:35 AM

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Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDHidalgo County District Clerk  
Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	19	1		LOCAL HOSPITAL	SELF	/ /
					/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	10,001+ LBS.	TRANSPORTING HAZARDOUS MATERIAL	9+ CAPACITY	CMV Disabling Damage?	Yes	No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type		
		19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Yes	No	1	1	00365516	6	
	Carrier's Corp. Name		Carrier's Primary Addr.		PORTLAND		OR		97203				
	31 Bus Type	<input type="checkbox"/> RGWW	<input checked="" type="checkbox"/> GVWR	5,200	HazMat Released	<input type="checkbox"/> Yes	<input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	
	0											8	
	Unit Num.	<input type="checkbox"/> RGWW	<input checked="" type="checkbox"/> GVWR	4,800	34 Trlr. Type	1	CMV Disabling Damage?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW	<input checked="" type="checkbox"/> GVWR	34 Trlr. Type
	20												
	Sequence Of Events	35 Seq. 1	98	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control		
								98	3	97	3	2	6	96		

NARRATIVE AND DIAGRAM	Time Notified (24HR:MM)		How Notified	Time Arrived (24HR:MM)		Report Date (MM/DD/YYYY)											
		0	6	2	0	DISPATCH	0	6	4	0	0	3	0	1	2	0	2

INVESTIGATOR	Invest. Comp.	Yes	No	Investigator Name (Printed)	HARPER, G.	MARTIN, K	ID Num.	3380-3421											
		<input checked="" type="checkbox"/>																	
	ORI Num.	T	X	2	2	0	1	2	0	0	*Agency	FORT WORTH POLICE DEPARTMENT	Service/Region/DA	C	E	N	T	R	L

DIAGRAM ON SEPARATE PAGE



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Total Num. 7/28/2021 11:35 AM  
 Prsnl 3 6 1  
 Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

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\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit	
Const. Zone <input checked="" type="checkbox"/> No		Workers Present <input checked="" type="checkbox"/> No		Street Desc.			
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Markers		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 21		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. NFK9887		VIN 1C6RR7LM1F539946					
Veh. Year 2015		6 Veh. Color WHI		Veh. Make DODGE		Veh. Model RAM 1500	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 22421558		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 07/13/1989			
Address (Street, City, State, ZIP) 3720 RIVER BIRCH RD FORT WORTH TX 76137							
Person Num. 1		12 Psn. Type 1		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity B		Age 31		15 Ethnicity W		16 Sex 1	
17 Eject 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address CRAWFORD BRIAN 3720 RIVER BIRCH RD FORT WORTH TX 76137					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 6-	
RD-5		Vehicle Inventoried <input checked="" type="checkbox"/> No					
Towed By ABC TOWING		Towed To ABC TOWING					
Unit Num. 22		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. MJW4810		VIN 5XYP64HC2LG029498					
Veh. Year 2020		6 Veh. Color GRY		Veh. Make KIA		Veh. Model UNKNOWN	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 12747093		9 DL Class C	
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 01/25/1940			
Address (Street, City, State, ZIP) 8537 WOODLAKE CIR FORT WORTH TX 76179							
Person Num. 1		12 Psn. Type 1		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity A		Age 81		15 Ethnicity W		16 Sex 1	
17 Eject 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address CROSS ROBERT MICHAEL 8537 WOODLAKE CIR FORT WORTH TX 76179					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ALLSTATE	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 9-	
LP-7		Vehicle Inventoried <input checked="" type="checkbox"/> No					
Towed By ABC TOWING		Towed To ABC TOWING					

Electronically Filed  
7/28/2021 11:35 AM

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Law Enforcement and TxDOT Use ONLY.  
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Case ID 210011068

TxDOT  
Crash IDHidalgo County District Clerk  
Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	22	1	JOHN PETER SMITH HOSP	MEDSTAR	/ /	
	22	2	JOHN PETER SMITH HOSP	MEDSTAR	/ /	
	21	1	LOCAL HOSPITAL	SELF	/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	Carrier's Corp. Name	Carrier's Primary Addr.							
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
										98	3	97	3	2	6	96

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE															

INVESTIGATOR	Time Notified (24HR:MM)	How Notified	Time Arrived (24HR:MM)	Report Date (MM/DD/YYYY)
	0 6 2 0	DISPATCH	0 6 4 0	0 3 / 0 1 / 2 0 2 1
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) HARPER, G. MARTIN, K		ID Num. 3380-3421
	ORI Num. T X 2 2 0 1 2 0 0	Agency FORT WORTH POLICE DEPARTMENT		Service/Region/DA C E N T R L

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE ☐ SCHOOL ZONE

 Total  
Num. 1 4 8  
Units

 Total  
Num. 7/28/2021 11:35 AM  
Prsn. Hidalgo County District Clerks

Electronically Filed

 Reviewed By: Alessandra Galvan  
Page 23 of 149

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																																																							
*County Name TARRANT				*City Name FORT WORTH																																																									
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																																																									
ROAD ON WHICH CRASH OCCURRED																																																													
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600																																																							
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> No																																																							
<input type="checkbox"/> Workers Present		<input checked="" type="checkbox"/> No		Street Name		4 Street Suffix																																																							
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																													
At Int. <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1																																																							
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker																																																							
Unit Num. 23		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX																																																							
VIN 1FUBCYCS13HM01664		LP Num. 1L57140		3 Street Prefix NE		Street Name 28TH																																																							
Veh. Year 2003		6 Veh. Color RED		Veh. Make FREIGHTLINER		Veh. Model UNKNOWN																																																							
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 46057967		9 DL Class A																																																							
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 08/13/1999		7 Body Style TR																																																							
Address (Street, City, State, ZIP) 3974 N STORY RD #925 IRVING TX 75038																																																													
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line																																																													
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Psn. Type</th> <th>13 Seat Position</th> <th>Name</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>23 Alc. Result</th> <th>24 Drug Spec.</th> <th>25 Drug Result</th> <th>26 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>MCENLEY JALEN</td> <td>N</td> <td>21</td> <td>B</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">           Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.         </td> </tr> </tbody> </table>								Person Num.	12 Psn. Type	13 Seat Position	Name	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	23 Alc. Result	24 Drug Spec.	25 Drug Result	26 Drug Category	1	1	1	MCENLEY JALEN	N	21	B	1	1	1	1	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
Person Num.	12 Psn. Type	13 Seat Position	Name	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	23 Alc. Result	24 Drug Spec.	25 Drug Result	26 Drug Category																																												
1	1	1	MCENLEY JALEN	N	21	B	1	1	1	1	97	N	96		96	97	97																																												
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<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee																																																													
Owner/Lessee Name & Address COCA COLA SOUTHWEST BEVERAGES LL 3400 FOSSIL CREEK BLVD FORT WORTH TX 76137																																																													
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt																																																													
26 Fin. Resp. Type 1																																																													
Fin. Resp. Name BEECHER CARLSON INS																																																													
Fin. Resp. Num. 404-460-1401																																																													
27 Vehicle Damage Rating 1 12" FD-2																																																													
27 Vehicle Damage Rating 2 -																																																													
Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																													
Towed By DRIVEN																																																													
Towed To 3400 FOSSIL CREEK BL																																																													
Unit Num. 24																																																													
5 Unit Desc. 6																																																													
<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run																																																													
LP State TX																																																													
LP Num. 80918Z																																																													
VIN 2MN01JAL261008625																																																													
Veh. Year 2006																																																													
6 Veh. Color RED																																																													
Veh. Make TRAILMOBILE																																																													
Veh. Model NOT APPLICABLE																																																													
7 Body Style TL																																																													
Pot., Fire, EMS on Emergency (Explain in Narrative if checked)																																																													
8 DL/ID Type																																																													
DL/ID State																																																													
DL/ID Num.																																																													
9 DL Class																																																													
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11 DL Rest.																																																													
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Owner/Lessee Name & Address COCA COLA SOUTHWEST BEVERAGES LL 3400 FOSSIL CREEK BL FORT WORTH TX 76137																																																													
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt																																																													
26 Fin. Resp. Type 1																																																													
Fin. Resp. Name BEECHER CARLSON INS																																																													
Fin. Resp. Num. 404-460-1401																																																													
27 Vehicle Damage Rating 1 6" RD-1																																																													
27 Vehicle Damage Rating 2 -																																																													
Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																													
Towed By DRIVEN																																																													
Towed To 3400 FOSSIL CREEK BLVD																																																													

Electronically Filed  
7/28/2021 11:35 AMLaw Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDHidalgo County District Clerk  
Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
					/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	10,001+ LBS.	TRANSPORTING HAZARDOUS MATERIAL	9+ CAPACITY	CMV Disabling Damage?	Yes	No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type				
	23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>		2	1	02977752	5				
	Carrier's Corp. Name COCA COLA														
	Carrier's Primary Addr. 6101 AVE A LUBBOCK TX 79404														
	31 Bus Type	<input type="checkbox"/> RGWW	<input checked="" type="checkbox"/> GVWR	3,4,7,0,0	HazMat Released	<input type="checkbox"/> Yes	<input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type			
	0											3			
Unit Num.	<input type="checkbox"/> RGWW	<input checked="" type="checkbox"/> GVWR	1,2,1,0,0	34 Trlr. Type	1	CMV Disabling Damage?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW	<input checked="" type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24															
Sequence Of Events	35 Seq. 1	98	35 Seq. 2		35 Seq. 3		35 Seq. 4		Intermodal Shipping Container Permit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Actual Gross Weight		Total Num. Axles:	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
										98	3	97	3	2	6	96

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE														

INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	/	0	1	/	2	0	2	1
	Invest. Comp.	<input checked="" type="checkbox"/> Yes																					
	Investigator Name (Printed)	HARPER, G. MARTIN, K																					
	ORI Num.	TX 2201200												*Agency FORT WORTH POLICE DEPARTMENT									
													ID Num. 3380-3421										
													Service/Region/DA C E N T R L										

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total  
Num. 1 4 8  
Units

 Total  
Num. 3 6 1  
Prsn.

Electronically Filed

7/28/2021 11:35 AM

Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Reviewed By: Alessandra Galvan

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Page 25 of 149

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit	
Const. Zone		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Desc.							
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 25		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. BX6W775		VIN 1ZVHT82H785159010					
Veh. Year 2008		6 Veh. Color BLK		Veh. Make FORD		Veh. Model MUSTANG	
7 Body Style P2		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 11375695		9 DL Class C	
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 03/02/1988			
Address (Street, City, State, ZIP) 14009 TANGLEBRUSH TRL HASLET TX 76052							
Person Num. 1		12 Psn. Type 1		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity B		Age 32		15 Ethnicity W		16 Sex 1	
17 Eject 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97							
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		DUDDINGTON DUSTIN DALE		HASLET TX 76052	
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name TX FARM BUREAU	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12"		FD-7		27 Vehicle Damage Rating 2 6"	
RD-7		Vehicle Inventoried <input checked="" type="checkbox"/> No					
Towed By BEARDS TOWING		Towed To BEARDS TOWING					
Unit Num. 26		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. AY74324		VIN 1FDS E3FL4BDB05659					
Veh. Year 2011		6 Veh. Color BLU		Veh. Make FORD		Veh. Model ECONOLINE	
7 Body Style VN		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 39903462		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 11/04/1998			
Address (Street, City, State, ZIP) 713 TURNER BLVD GRAND PRAIRIE TX 75050							
Person Num. 1		12 Psn. Type 1		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity B		Age 22		15 Ethnicity W		16 Sex 2	
17 Eject 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97							
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		MCDANIEL AND SON PLUMBING		2215 W HARRIS RD ARLINGTON TX 76001	
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name STATE AUTO	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12"		FD-7		27 Vehicle Damage Rating 2 6"	
RD-7		Vehicle Inventoried <input checked="" type="checkbox"/> No					
Towed By TEXAS TOWING		Towed To TEXAS TOWING YARD					



Electronically Filed  
7/28/2021 11:35 AMLaw Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDPage 28 of 149  
Hidalgo County District Clerk  
Reviewed By: Alessandra Garza

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	25	1		LOCAL HOSPITAL	SELF	/ /
26	1		LOCAL HOSPITAL	SELF	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.		
	Carrier's Corp. Name	Carrier's Primary Addr.					30 Veh. Type			
31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR			HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	
Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR			34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:			

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
									98	3	97	3	2	6	96	

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE														

INVESTIGATOR	Time Notified (24HR:MM)	How Notified	Time Arrived (24HR:MM)	Report Date (MM/DD/YYYY)
		0 6 2 0	DISPATCH	0 6 4 0

INVESTIGATOR	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	ID Num.
			HARPER, G. MARTIN, K

ORI Num.	Agency	Service/Region/DA
	T X 2 2 0 1 2 0 0	FORT WORTH POLICE DEPARTMENT

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Total Num. 7/28/2021 3:05 AM  
 Prsn. Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 27 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

★Crash Date (MM/DD/YYYY) 02/11/2021		★Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
★County Name TARRANT				★City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277	
ROAD ON WHICH CRASH OCCURRED							
★1 Rdwy. Sys. TL		★Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		★Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private-Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit	
<input type="checkbox"/> Const. Zone				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 27		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. KMG4544		VIN 1 H G C P 2 F 8 7 B A 0 8 7 3 2 9					
Veh. Year 2011		6 Veh. Color GRAY		Veh. Make HONDA		Veh. Model ACCORD	
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 34472157		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 10/30/1995			
Address (Street, City, State, ZIP) 3301 CALERA TRL #3111 FORT WORTH TX 76177							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: BROOKE ASHLEY	
14 Injury Severity B		Age 25		15 Ethnicity W		16 Sex 2	
17 Eject. 1		18 Restr. 1		19 Airbag 3		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address ENGEL HUNTER 9531 HACKAMORE CT JUSTIN TX 76247							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name STATE FARM	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 3-		RP-7		27 Vehicle Damage Rating 2 6-	
RD-7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Towed By A1 TOWING				Towed To A1 TOWING			
Unit Num. 28		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. HRT5651		VIN 1 9 X F C 1 F 3 6 G E 0 1 2 7 3 1					
Veh. Year 2016		6 Veh. Color BLK		Veh. Make HONDA		Veh. Model CIVIC	
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 9748792		9 DL Class C	
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 11/25/1955			
Address (Street, City, State, ZIP) 221 SCHREIBER DR HASLET TX 76052							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: HIATT JAMES JENNINGS	
14 Injury Severity B		Age 65		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address HIATT NANCY JEAN 221 SCHREIBER DR HASLET TX 76052							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name STATE FARM	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 6-		RD-7		27 Vehicle Damage Rating 2 3-	
RP-7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Towed By TEXAS TOWING				Towed To TEXAS TOWING			



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7/28/2021 11:35 AM

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Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDHidalgo County District Clerk  
Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	27	1		LOCAL HOSPITAL	SELF	/ /
28	1		LOCAL HOSPITAL	SELF	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	Carrier's Corp. Name			Carrier's Primary Addr.						
31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR			HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	
Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR			34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight			Total Num. Axles:	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
								98	3	97	3	2	6	-96-	

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE									

INVESTIGATOR	Time Notified (24HR:MM)	How Notified	Time Arrived (24HR:MM)	Report Date (MM/DD/YYYY)	ID Num.
		0 6 2 0	DISPATCH	0 6 4 0	0 3 / 0 1 / 2 0 2 1
Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) HARPER, G. MARTIN, K				Service/Region/DA C E N T R L
ORI Num. T X 2 2 0 1 2 0 0	Agency FORT WORTH POLICE DEPARTMENT				

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Total Num. 7/28/2021 11:35 AM  
 Printed by: Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Reviewed By: Alessandra Galvan

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Page 29 of 149

Refer to Attached Code Sheet for Numbered Fields

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277			
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Markers		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 29		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. 1RY443		VIN 3C63RRA4JG285550					
Veh. Year 2018		6 Veh. Color WHI		Veh. Make DODGE		Veh. Model RAM 3500	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 15742576		9 DL Class CM	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 02/25/1976			
Address (Street, City, State, ZIP) 390 CR 3330 BRIDGEPORT TX 76426							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		14 Injury Severity B	
15 Age 44		16 Sex W		17 Eject 1		18 Restr. 1	
19 Airbag 5		20 Helmet 97		21 Sol. N		22 Alc. Spec. 96	
23 Drug Spec. 96		24 Drug Result 97		25 Drug Result 97		26 Drug Category	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		GOBER KERRY QUINN		BRIDGEPORT TX 76426	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name TEXAS FARM BUREAU		Fin. Resp. Num. 23339403	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12- FD-7		27 Vehicle Damage Rating 2 6- RD-7		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By BEARDS TOWING		Towed To BEARDS TOWING					
Unit Num. 30		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. DXL6453		VIN 1C4RDHA4G4DC592920					
Veh. Year 2013		6 Veh. Color RED		Veh. Make DODGE		Veh. Model DURANGO	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 17820436		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 10/22/1981			
Address (Street, City, State, ZIP) 12928 PARADE GROUNDS LN FORT WORTH TX 76244							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		14 Injury Severity B	
15 Age 39		16 Sex B		17 Eject 1		18 Restr. 1	
19 Airbag 5		20 Helmet 97		21 Sol. N		22 Alc. Spec. 96	
23 Drug Spec. 96		24 Drug Result 97		25 Drug Result 97		26 Drug Category	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		BENSON REBECCA ANN		FORT WORTH TX 76244	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name LIBERTY COUNTY MUTUAL		Fin. Resp. Num. Y8721709	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12- FD-7		27 Vehicle Damage Rating 2 9- LP-7		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By MILNER TOWING		Towed To MILNER TOWING					

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7/28/2021 11:35 AMLaw Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDPage 30 of 149  
Hidalgo County District Clerk  
Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	29	1		HARRIS DOWNTOWN	SELF	/ /
30	1		HARRIS DOWNTOWN	SELF	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	31 Bus Type		<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
Unit Num.		<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
									98	3	97	3	2	6	96

NARRATIVE AND DIAGRAM

INVESTIGATOR	Time Notified (24HR:MM)	How Notified	Time Arrived (24HR:MM)	Report Date (MM/DD/YYYY)	ID Num.
		0 6 2 0	DISPATCH	0 6 4 0	0 3 / 0 1 / 2 0 2 1
Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) HARPER, G. MARTIN, K				Service/Region/DA C E N T R L
ORI Num. T X 2 2 0 1 2 0 0	*Agency FORT WORTH POLICE DEPARTMENT				

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Total Prsn. 3 6 1  
 Total Units 1 4 8  
 Total Prsn. 3 6 1  
 Total Units 1 4 8

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7/28/2021 11:35AM

Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 11/1/2018)

Reviewed By: Alessandra Galvan

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

Page 31 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277		<input type="checkbox"/> Outside City Limit	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 31		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. NXN0515		VIN 1C4RJEBG6M11468					
Veh. Year 2021		6 Veh. Color BLK		Veh. Make JEEP		Veh. Model GRAND CHEROKEE	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 15573968		9 DL Class C	
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 08/09/1975			
Address (Street, City, State, ZIP) 12240 WALDEN WOOD DR FORT WORTH TX 76244							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity B		Age 45		15 Ethnicity W	
16 Sex 2		17 Eject. 1		18 Restr. 1		19 Airbag 5	
20 Helmet 97		21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		LIVESAY ANGIE DENISE		FORT WORTH TX 76244	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name TRAVELERS INSURANCE		Fin. Resp. Num. 6077228172221	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 3-	
RP-7		Vehicle Inventoried <input checked="" type="checkbox"/> No					
Towed By TEXAS TOWING		Towed To TEXAS TOWING					
Unit Num. 32		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. LPX6792		VIN JN1BJ0HPXE10860					
Veh. Year 2014		6 Veh. Color WHI		Veh. Make INFINITI		Veh. Model QX50	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 11716940		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 08/31/1960			
Address (Street, City, State, ZIP) 7791 ARCADIA TRL FORT WORTH TX 76137							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity N		Age 60		15 Ethnicity W	
16 Sex 1		17 Eject. 1		18 Restr. 1		19 Airbag 5	
20 Helmet 97		21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		PAARUP MICHAEL		FORT WORTH TX 76137	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE		Fin. Resp. Num. 903565417	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 6-	
LP-7		Vehicle Inventoried <input checked="" type="checkbox"/> No					
Towed By ABC TOWING		Towed To ABC TOWING					

Electronically Filed  
7/28/2021 11:35 AMLaw Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDHidalgo County District Clerk  
Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	31	1	LOCAL HOSPITAL	SELF	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
	Carrier's Corp. Name		Carrier's Primary Addr.				30 Veh. Type	
	31 Bus Type	<input type="checkbox"/> RGW... <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
	Unit Num.	<input type="checkbox"/> RGW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing		May Have Contrib.	Unit #	Contributing		May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
										98	3	97	3	2	6	96

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE															

INVESTIGATOR	Time Notified (24HR:MM)				How Notified	Time Arrived (24HR:MM)				Report Date (MM/DD/YYYY)							
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				DISPATCH				0 3 / 0 1 / 2 0 2 1							
	ORI Num.	T X 2 2 0 1 2 0 0				*Agency	FORT WORTH POLICE DEPARTMENT				ID Num.	3380-3421					



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Units 1 3 6  
 Total Num. 7/28/2021 11:35 AM  
 Present Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 33 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																																																							
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit																																																							
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																																																							
ROAD ON WHICH CRASH OCCURRED																																																													
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600																																																							
3 Street Prefix		*Street Name		4 Street Suffix																																																									
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll-Road/Toll Lane		Speed Limit																																																							
Const. Zone <input checked="" type="checkbox"/> No		Workers Present <input checked="" type="checkbox"/> No		Street Desc.																																																									
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																													
At Int. <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1																																																							
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																																																							
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker																																																							
Street Desc. HWY		RRX Num.																																																											
Unit Num. 33		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX																																																							
LP Num. MSC1553		VIN 2 T 1 B U 4 E E 4 B C 6 1 6 1 1 0																																																											
Veh. Year 2011		6 Veh. Color SIL		Veh. Make TOYOTA		Veh. Model COROLLA																																																							
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																											
8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99																																																							
10 CDL End. 99		11 DL Rest. 99		DOB (MM/DD/YYYY)																																																									
Address (Street, City, State, ZIP) UNKNOWN				UNKNOWN UN UNK																																																									
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Pish. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>UNKNOWN UNK UNK</td> <td>99</td> <td>99</td> <td>99</td> <td>1</td> <td>99</td> <td>5</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> <td></td> </tr> <tr> <td colspan="18">Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>								Person Num.	12 Pish. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	UNKNOWN UNK UNK	99	99	99	1	99	5	97	N	96		96	97	97		Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
Person Num.	12 Pish. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																												
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<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		LUCKEY LATRICE KNESHUN		FORT WORTH TX 76112																																																							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name HOME STATE COUNTY																																																							
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 6-																																																							
RD-7		Vehicle Inventoried <input checked="" type="checkbox"/> No																																																											
Towed By TEXAS TOWING		Towed To TEXAS TOWING																																																											
Unit Num. 34		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX																																																							
LP Num. CVZ6452		VIN 3 V W D X 7 A J 7 B M 3 3 0 5 4 9																																																											
Veh. Year 2011		6 Veh. Color BLU		Veh. Make VOLKSWAGEN		Veh. Model JETTA																																																							
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																											
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 39911636		9 DL Class C																																																							
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 08/12/1999																																																									
Address (Street, City, State, ZIP) 6716 RIDGEWOOD DR				NORTH RICHLAND HILLS TX 76182																																																									
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Pish. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>YOUNG JACOB ALEXANDER</td> <td>B</td> <td>21</td> <td>W</td> <td>1</td> <td>1</td> <td>1</td> <td>5</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>								Person Num.	12 Pish. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	YOUNG JACOB ALEXANDER	B	21	W	1	1	1	5	97	N	96		96	97	97	Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
Person Num.	12 Pish. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																												
1	1	1	YOUNG JACOB ALEXANDER	B	21	W	1	1	1	5	97	N	96		96	97	97																																												
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<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		YOUNG JACOB ALEXANDER		NORTH RICHLAND HILLS TX 76182																																																							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name GEICO																																																							
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 6-																																																							
RD-7		Vehicle Inventoried <input checked="" type="checkbox"/> No																																																											
Towed By CORNISH TOWING		Towed To CORNISH TOWING																																																											

Electronically Filed  
7/28/2021 11:35 AMLaw Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDPage 34 of 149  
Hidalgo County District Clerk  
Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	34	1	LOCAL HOSPITAL	SELF	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type				
	Carrier's Corp. Name										Carrier's Primary Addr.			
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR				HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo... Body Type		
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR				34 Trlr. Type		CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight		Total Num. Axles:				

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
										98	3	97	3	2	6

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE														

INVESTIGATOR	Time Notified (24HR:MM)				How Notified	Time Arrived (24HR:MM)				Report Date (MM/DD/YYYY)								
		0	6	2	0	DISPATCH	0	6	4	0	0	3	0	1	2	0	2	1
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) HARPER, G.				MARTIN, K				ID Num. 3380-3421							
ORI Num.	TX 2201200				*Agency FORT WORTH POLICE DEPARTMENT				Service/ Region/DA CENTRAL									



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Units 1 3 6  
 Total Num. 7/28/2021 11:35 AM  
 Printed Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 35 of 149

Refer to Attached Code Sheet for Numbered Fields

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277			
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 35		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. HFK4315		VIN 1GCG1KXC89E127259					
Veh. Year 2014		6 Veh. Color WHI		Veh. Make CHEVROLET		Veh. Model SILVERADO	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 24007807		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 07/19/1990			
Address (Street, City, State, ZIP) 1200 ALLIANCE BLVD RHOME TX 76078							
Person Num. 1		12 Psn. Type 1		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity B		Age 30		15 Ethnicity W		16 Sex 1	
17 Eject 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address GUTHRIE NEAL WILLIAM 1200 ALLIANCE BLVD RHOME TX 76078					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name AGRICULTURAL WORKERS MUTUAL	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 6-	
RD-7		Vehicle Inventoried <input checked="" type="checkbox"/> No					
Towed By CORNISH TOWING		Towed To CORNISH TOWING					
Unit Num. 36		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. NRW4472		VIN 1FMYF8U165581A86757					
Veh. Year 2008		6 Veh. Color WHI		Veh. Make FORD		Veh. Model EXPEDITION	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 14170036		9 DL Class C	
10 CDL End. 96-		11 DL Rest. 96		DOB (MM/DD/YYYY) 10/11/1984			
Address (Street, City, State, ZIP) 12525 HAVERHILL DR FORT WORTH TX 76244							
Person Num. 1		12 Psn. Type 1		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity N		Age 36		15 Ethnicity A		16 Sex 1	
17 Eject 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address MURSALIN WALID 12525 HAVERHILL DR FORT WORTH TX 76244					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 3-	
RP-7		Vehicle Inventoried <input checked="" type="checkbox"/> No					
Towed By ABC TOWING		Towed To ABC TOWING					

TxDOT Crash ID	
-------------------	--

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)										
	35	1	LOCAL HOSPITAL	SELF	/ /											
					/ /											
					/ /											
					/ /											
					/ /											
CHARGES	Unit Num.	Prsn. Num.	Charge			Citation/Reference Num.										
DAMAGE	Damaged Property Other Than Vehicles			Owner's Name		Owner's Address										
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.								
	Carrier's Corp. Name			Carrier's Primary Addr.			30 Veh. Type									
	31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type								
	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No								
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles								
FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing		May Have Contrib.	Contributing		May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control		
								98	3	97	3	2	6	96		
NARRATIVE AND DIAGRAM	<div>DIAGRAM ON SEPARATE PAGE</div>															
INVESTIGATOR	Time Notified (24HR:MM)	0 6 2 0			How Notified	DISPATCH			Time Arrived (24HR:MM)	0 6 4 0			Report Date (MM/DD/YYYY)	0 3 / 0 1 / 2 0 2 1		
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) HARPER, G.			MARTIN, K			ID Num. 3380-3421								
	ORI Num.	TX 2 2 0 1 2 0 0			*Agency FORT WORTH POLICE DEPARTMENT			Service/Region/DA			CENTRAL					

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. Units 1 4 8  
 Total Num. Prsn 7/28/2021 11:35 AM  
 Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 37 of 149

Refer to Attached Code Sheet for Numbered Fields

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277			
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 37		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. KCM1666		VIN K N D M B 5 C 1 2 H 6 2 2 4 8 7 6					
Veh. Year 2017		6 Veh. Color SIL		Veh. Make KIA		Veh. Model SEDONA	
7 Body Style VN		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 25831853		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 08/20/1974			
Address (Street, City, State, ZIP) 10500 ARANSAS DR FORT WORTH TX 76131							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: THURMAN OPAL CHRISTINE	
14 Injury Severity A		Age 46		15 Ethnicity W		16 Sex 2	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address THURMAN OPAL CHRISTINE 10500 ARANSAS DR FORT WORTH TX 76131							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name STATE FARM	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 6-	
RD-7		Vehicle Inventoried <input checked="" type="checkbox"/> No					
Towed By MILNER TOWING				Towed To MILNER TOWING			
Unit Num. 38		5 Unit Desc. 4		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State UN	
LP Num.		VIN					
Veh. Year		6 Veh. Color		Veh. Make		Veh. Model	
7 Body Style		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99	
10 CDL End. 99		11 DL Rest. 99		DOB (MM/DD/YYYY) 10/22/1974			
Address (Street, City, State, ZIP) UNKNOWN UNKN UNK							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 4		13 Seat Position 16		Name: QUERALES TAMARA SATIMA	
14 Injury Severity K		Age 46		15 Ethnicity H		16 Sex 2	
17 Eject. 97		18 Restr. 97		19 Airbag 97		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address							
Proof of Fin. Resp. <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type		Fin. Resp. Name	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 -		-		27 Vehicle Damage Rating 2 -	
RD-7		Vehicle Inventoried <input type="checkbox"/> No					
Towed By				Towed To			

Electronically Filed  
7/28/2021 11:35 AMLaw Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDHidalgo County District Clerk  
Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	37	1		MEDICAL CITY ALLIANCE	MEDSTAR	/ /
38	1		TC MORGUE	FORT WORTH FUNERALS AND CREMATIONS	0 2 / 1 1 / 2 0 2 1	0 6   0   0
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	Carrier's Corp. Name	Carrier's Primary Addr.								
31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released		<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	
Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control		
								98	3	97	3	2	6	96		

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE													

INVESTIGATOR	Time Notified (24HR:MM)	How Notified	Time Arrived (24HR:MM)	Report Date (MM/DD/YYYY)	ID Num.
		0 6   2   0	DISPATCH	0 6   4   0	0 3 / 0 1 / 2 0 2 1
Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) HARPER, G. MARTIN, K			
ORI Num.	TX 2 2 0 1 2 0 0			*Agency FORT WORTH POLICE DEPARTMENT	Service/ Region/DA CENTRAL

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE ☐ SCHOOL ZONE

 Total  
Num. 1 4 8  
Units

 Total  
Num. 7/28/2021 11:35 AM  
Prsn. Hidalgo County District Clerks

Electronically Filed

7/28/2021 11:35 AM

Hidalgo County District Clerks

Reviewed By: Alessandra Galvan

Page 39 of 149

 Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)  
 Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

★Crash Date (MM/DD/YYYY) 0 2 / 1 1 / 2 0 2 1		★Crash Time (24HRMM) 0 6 0 0		Case ID 210011068		Local Use	
★County Name TARRANT				★City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 3 2 7 9 5 1 3		Longitude (decimal degrees) - 0 9 7 3 2 2 7 7	
ROAD ON WHICH CRASH OCCURRED							
★1 Rdwy. Sys. TL		★Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<input type="checkbox"/> Workers Present		<input type="checkbox"/> Street Desc.		3 Street Prefix		★Street Name	
4 Street Suffix		INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER					
At Int. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.		VIN 3 A K J H L D V 9 M S M G 0 5 6 5			
Unit Num. 39		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State IN	
LP Num. 2839769		VIN 3 A K J H L D V 9 M S M G 0 5 6 5		7 Body Style TR			
Veh. Year 2 0 2 1		6 Veh. Color WHI		Veh. Make FREIGHTLINER		Veh. Model UNKNOWN	
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 41868911		9 DL Class A	
10 CDL End. H		11 DL Rest. P27		DOB (MM/DD/YYYY) 0 8 / 2 3 / 1 9 7 9		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)	
Address (Street, City, State, ZIP) 1704 GRIFFIN LN MANSFIELD TX 76063							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
1 1 1 VAL ERNST N 41 W 1 1 1 1 97 N 96 96 97 97							
Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address JB HUNT TRANSPORT INC 615 JB HUNT CORP DR LOWELL AR 72745							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> Exempt 26 Fin. Resp. Type 1							
Fin. Resp. Name ACE AMERICAN INS. Fin. Resp. Num. H25307951							
27 Vehicle Damage Rating 1 11- LFG-7 27 Vehicle Damage Rating 2 1- RFQ-7							
Towed By BEARDS TOWING Towed To 1150 INTERMODAL PKWY							
Unit Num. 40 5 Unit Desc. 6 <input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run LP State OK LP Num. 1631JJ VIN L J R C 5 4 2 6 0 C 1 0 0 2 2 4 7							
Veh. Year 2 0 1 2 6 Veh. Color ONG Veh. Make CIMC TRAILERS Veh. Model NOT APPLICABLE 7 Body Style TL							
8 DL/ID Type DL/ID State DL/ID Num. 9 DL Class 10 CDL End. 11 DL Rest. DOB (MM/DD/YYYY)							
Address (Street, City, State, ZIP)							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
14 Injury Severity Age 15 Ethnicity 16 Sex 17 Eject. 18 Restr. 19 Airbag 20 Helmet 21 Sol. 22 Alc. Spec. 23 Alc. Result 24 Drug Spec. 25 Drug Result 26 Drug Category							
Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address JB HUNT TRANSPORT INC 615 JB HUNT CORP DR LOWELL AR 72745							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> Exempt 26 Fin. Resp. Type 1							
Fin. Resp. Name ACE AMERICAN INS. Fin. Resp. Num. H25307951							
27 Vehicle Damage Rating 1 - BD-2 27 Vehicle Damage Rating 2 - BR-2							
Towed By BEARDS TOWING Towed To 1150 INTERMODAL PKWY							



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7/28/2021 11:35 AMLaw Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDPage 40 of 149  
Hidalgo County District Clerk  
Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
					/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	10,001+ LBS.	TRANSPORTING HAZARDOUS MATERIAL	9+ CAPACITY	CMV Disabling Damage?	Yes	No	28 Veh. Oper.	1	29 Carrier ID Type	1	Carrier ID Num.	00800806
	39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
	Carrier's Corp. Name JB HUNT Primary Addr. 1150 INTERMODAL PKWY HASLET TX 76052 30 Veh. Type 5												
	31 Bus Type 0	<input type="checkbox"/> RGWW	5,200	HazMat Released	<input type="checkbox"/> Yes	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type 3			
	40	<input checked="" type="checkbox"/> GVWR	6,800	34 Trlr. Type 1	CMV Disabling Damage?	<input checked="" type="checkbox"/> Yes	No	Unit Num.	<input type="checkbox"/> RGWW	<input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
										98	3	97	3	2	6	96

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE														

INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	0	1	2	0	2	1	
	Invest. Comp.	<input checked="" type="checkbox"/> Yes																				
		<input type="checkbox"/> No																				
	Investigator Name (Printed)	HARPER, G.										MARTIN, K										
	ORI Num.	TX 2201200										Agency FORT WORTH POLICE DEPARTMENT										
	ID Num.	3380-3421																				
	Service/ Region/DA	CENTRAL																				

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total  
Num. 1 4 8  
Units

 Total  
Num. 7/28/2021 11:35 AM  
Prsn

Electronically Filed

Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

Reviewed By: Alessandra Galvan

Page 41 of 149

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

★Crash Date (MM/DD/YYYY) 02/11/2021		★Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
★County Name TARRANT				★City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277			
ROAD ON WHICH CRASH OCCURRED							
★1 Rdwy. Sys. TL		★Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Workers Present		<input checked="" type="checkbox"/> No		Street Desc.		4 Street Suffix	
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 41		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. R400997		VIN 1XP4H49X7ED227408					
Veh. Year 2014		6 Veh. Color BLU		Veh. Make PETERBILT		Veh. Model UNKNOWN	
7 Body Style TR		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 25115658		9 DL Class A	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 02/13/1991			
Address (Street, City, State, ZIP) 3304 SAN ESTEBAN ST MISSION TX 78572							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: Last, First, Middle DURAN JOSE BRENT	
14 Injury Severity B		Age 29		15 Ethnicity H		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 97		20 Helmet N	
21 Sol. 96		22 Alc. Spec. 96		23 Drug Spec. 97		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address		G.G'S PRODUCE 2305 E TRENTON RD EDINBURG TX 78542					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name UNITED WISCONSIN INS. CO.	
Fin. Resp. Num. UWPGA249602		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 11-	
LD-7		Vehicle Inventoried <input checked="" type="checkbox"/> No					
Towed By ABC TOWING		Towed To 6831 OLD RANDOL MILL RD					
Unit Num. 42		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. 055C370		VIN 1UYV525327U130350					
Veh. Year 2020		6 Veh. Color WHI		Veh. Make UTILITY TRAILER MFG		Veh. Model NOT APPLICABLE	
7 Body Style TL		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class	
10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP)							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num.		12 Psn. Type		13 Seat Position		Name: Last, First, Middle	
14 Injury Severity		Age		15 Ethnicity		16 Sex	
17 Eject.		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec.		23 Drug Spec.		24 Drug Result	
25 Drug Category		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address		I.GARZA LLC 2305 E TRENTON RD EDINBURG TX 78542					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name UNITED WISCONSIN INS CO	
Fin. Resp. Num. UWPGA249602		27 Vehicle Damage Rating 1 -		BL-5		27 Vehicle Damage Rating 2 -	
LFQ-3		Vehicle Inventoried <input checked="" type="checkbox"/> No					
Towed By ABC TOWING		Towed To 6831 OLD RANDOL MILL RD					



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7/28/2021 11:35 AMLaw Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDHidalgo County District Clerk  
Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	41	1	LOCAL HOSPITAL	SELF	/ /	
				/ /		
				/ /		
				/ /		
				/ /		
				/ /		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	10,001+ LBS.	TRANSPORTING HAZARDOUS MATERIAL	9+ CAPACITY	CMV Disabling Damage?	Yes	No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.				
	41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			1	1	02813179			
Carrier's Corp. Name	G.G'S PRODUCE		Carrier's Primary Addr.		2305 E TRENTON RD		EDINBURG TX		78542					
31 Bus Type	0	<input type="checkbox"/> RGWW	<input checked="" type="checkbox"/> GVWR	51200	HazMat Released	<input type="checkbox"/> Yes	<input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type				
Unit Num.	42	<input type="checkbox"/> RGWW	<input checked="" type="checkbox"/> GVWR	65000	34 Trlr. Type	1	CMV Disabling Damage?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Unit Num.				
Sequence Of Events	35 Seq. 1	98	35 Seq. 2		35 Seq. 3		35 Seq. 4		Intermodal Shipping Container Permit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Actual Gross Weight		Total Num. Axles:

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control		
								98	3	97	3	2	6	96		

NARRATIVE AND DIAGRAM	Time Notified (24HR:MM)		How Notified	Time Arrived (24HR:MM)		Report Date (MM/DD/YYYY)	
		0620	DISPATCH	0640	03/01/2021		

INVESTIGATOR	Invest. Comp.	Yes	No	Investigator Name (Printed)	HARPER, G.	MARTIN, K	ID Num.	3380-3421
	ORI Num.	TX22012000		*Agency	FORT WORTH POLICE DEPARTMENT		Service/Region/DA	CENTRAL

DIAGRAM ON SEPARATE PAGE

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Units 1 3 6  
 Total Num. 7/28/2021 11:35 AM  
 Prsn. Hidalgo County District Clerks

 Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)  
 Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 43 of 149

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																																																										
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit																																																										
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																																																										
ROAD ON WHICH CRASH OCCURRED																																																																
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600																																																										
3 Street Prefix		*Street Name		4 Street Suffix																																																												
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit																																																										
Const. Zone <input checked="" type="checkbox"/> No				Workers Present <input checked="" type="checkbox"/> No		Street Desc.																																																										
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																																
At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1																																																										
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																																																										
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker																																																										
Street Desc. HWY		RRX Num.																																																														
Unit Num. 43		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX																																																										
LP Num. HDK4494		VIN 5FN YF 3H 7 9 D B 0 1 3 7 9 3																																																														
Veh. Year 2013		6 Veh. Color WHI		Veh. Make HONDA		Veh. Model PILOT																																																										
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																														
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 00212737		9 DL Class C																																																										
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 08/23/1985																																																												
Address (Street, City, State, ZIP) 1205 MESA CREST DR HASLET TX 76052																																																																
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Psn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>Drug Result</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>FALKENBERG ALICIA MARRIE</td> <td>N</td> <td>35</td> <td>W</td> <td>2</td> <td>1</td> <td>1</td> <td>5</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> <td></td> </tr> <tr> <td colspan="19">Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>								Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	Drug Result	24 Drug Result	25 Drug Category	1	1	1	FALKENBERG ALICIA MARRIE	N	35	W	2	1	1	5	97	N	96		96	97	97		Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																		
Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	Drug Result	24 Drug Result	25 Drug Category																																														
1	1	1	FALKENBERG ALICIA MARRIE	N	35	W	2	1	1	5	97	N	96		96	97	97																																															
Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																																
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		FALKENBERG ALICIA MARRIE		HASLET TX 76052																																																										
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name USAA																																																										
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 6-																																																										
RD-7		Vehicle Inventoried <input checked="" type="checkbox"/> No																																																														
Towed By PURFECT TOWING		Towed To PURFECT TOWING																																																														
Unit Num. 44		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State UN																																																										
LP Num.		VIN																																																														
Veh. Year 2021		6 Veh. Color 99		Veh. Make UNKNOWN		Veh. Model UNKNOWN																																																										
7 Body Style 99		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																														
8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99																																																										
10 CDL End. 99		11 DL Rest. 99		DOB (MM/DD/YYYY) / /																																																												
Address (Street, City, State, ZIP) UNKNOWN UNK UN UNK																																																																
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Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	Drug Result	24 Drug Result	25 Drug Category																																														
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<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		UNKNOWN UNK UNK		UNK UN UNK																																																										
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type		Fin. Resp. Name																																																										
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 -		-		27 Vehicle Damage Rating 2 -																																																										
RD-		Vehicle Inventoried <input checked="" type="checkbox"/> No																																																														
Towed By		Towed To																																																														

Electronically Filed  
7/28/2021 11:35 AMHidalgo County District Clerk  
Reviewed By: Alessandra GalvanLaw Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)												
					/ /													
					/ /													
					/ /													
					/ /													
					/ /													
CHARGES	Unit Num.	Prsn. Num.	Charge			Citation/Reference Num.												
DAMAGE	Damaged Property Other Than Vehicles			Owner's Name		Owner's Address												
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.										
	Carrier's Corp. Name		Carrier's Primary Addr.		30 Veh. Type													
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type										
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No										
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:										
FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions									
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control				
								98	3	97	3	2	6	96				
NARRATIVE AND DIAGRAM	<p style="text-align: center;">DIAGRAM ON SEPARATE PAGE</p>																	
INVESTIGATOR	Time Notified (24HR:MM)		0 6 2 0		How Notified		DISPATCH		Time Arrived (24HRMM)		0 6 4 0		Report Date (MM/DD/YYYY)		0 3 / 0 1 / 2 0 2 1			
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)				HARPER, G. MARTIN, K				ID Num.				3380-3421			
	ORI Num.	TX 2 2 0 1 2 0 0				*Agency				FORT WORTH POLICE DEPARTMENT				Service/Region/DA				CENTRAL

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Total Prsn. 7/28/2021 3:35 AM  
 Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 45 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

★ Crash Date (MM/DD/YYYY) 02/11/2021		★ Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
★ County Name TARRANT				★ City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277	
ROAD ON WHICH CRASH OCCURRED							
★ 1 Rdwy. Sys. TL		★ Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		★ Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit	
Const. Zone <input checked="" type="checkbox"/> No				Workers Present <input checked="" type="checkbox"/> No		Street Desc.	
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 45		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. LRS7914		VIN K M 8 J 3 3 A 2 9 J U 8 2 9 8 0 1					
Veh. Year 2018		6 Veh. Color GRY		Veh. Make HYUNDAI		Veh. Model TUCSON	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 25208915		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 06/05/1991			
Address (Street, City, State, ZIP) 1215 CARAWAY LN HASLET TX 76052							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: SHAABANI SARAH DANIELLE	
14 Injury Severity N		Age 29		15 Ethnicity W		16 Sex 2	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address SHAABANI SARAH DANIELLE 1215 CARAWAY LN HASLET TX 76052							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name COLONIAL COUNTY MUTUAL	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 -		27 Vehicle Damage Rating 2 -		Vehicle Inventoried <input checked="" type="checkbox"/> No	
Towed By PERFECT TOWING				Towed To PERFECT TOWING			
Unit Num. 46		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. KWZ8350		VIN J T H B A 1 D 2 0 H 5 0 4 4 0 1 8					
Veh. Year 2017		6 Veh. Color GRY		Veh. Make LEXUS		Veh. Model IS 250	
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 17315350		9 DL Class C	
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 07/26/1969			
Address (Street, City, State, ZIP) 918 FOREST PARK CT KELLER TX 76248							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: MOONEY KAREN MARIE	
14 Injury Severity A		Age 51		15 Ethnicity W		16 Sex 2	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address MOONEY KAREN MARIE 918 FOREST PARK CT KELLER TX 76248							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name STATE FARM	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		27 Vehicle Damage Rating 2 12-		Vehicle Inventoried <input checked="" type="checkbox"/> No	
Towed By CORNISH TOWING				Towed To CORNISH TOWING			

Electronically Filed  
7/28/2021 11:35 AMLaw Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDPage 48 of 149  
Hidalgo County District Clerk  
Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	46	1		MEDICAL CITY ALLIANCE	MEDSTAR	/ /
					/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	31 Bus Type		<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR						
32 HazMat Class Num.									
33 Cargo Body Type									
34 Trlr. Type		<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR							
35 Seq. 1									
35 Seq. 2									
35 Seq. 3									
35 Seq. 4									
Intermodal Shipping Container Permit		<input type="checkbox"/> Yes <input type="checkbox"/> No							
Actual Gross Weight									
Total Num. Axles									

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
									98	3	97	3	2	6	96	

NARRATIVE AND DIAGRAM	Time Notified (24HR:MM)		How Notified	Time Arrived (24HR:MM)		Report Date (MM/DD/YYYY)	
		0620	DISPATCH	0640	03/01/2021		

INVESTIGATOR	Invest. Comp.	Investigator Name (Printed)	Agency	ID Num.	Service/Region/DA
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HARPER, G. MARTIN, K	FORT WORTH POLICE DEPARTMENT	3380-3421	CENTRAL

DIAGRAM ON SEPARATE PAGE



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Units 1 4 8  
 Total Num. 7/28/2021 11:35 AM  
 Prsn. Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

 Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457  
 Refer to Attached Code Sheet for Numbered Fields

Reviewed By: Alessandra Galvan

Page 47 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																																																													
	*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit																																																											
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																																																															
	ROAD ON WHICH CRASH OCCURRED																																																																			
VEHICLE, DRIVER, & PERSONS	*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600		3 Street Prefix		*Street Name		4 Street Suffix																																																							
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> No		Workers Present <input checked="" type="checkbox"/> No		Street Desc.																																																									
	INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																																			
	At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																																																					
	Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker		Street Desc. HWY		RRX Num.																																																									
	Unit Num. 47		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		LP Num. MKY0118		VIN 1 G Y F Z E R 4 1 K F 1 1 9 2 0 5																																																									
	Veh. Year 2019		6 Veh. Color BLK		Veh. Make CADILLAC		Veh. Model XTS		7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																									
	8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 21110361		9 DL Class C		10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 06/06/1988																																																							
	Address (Street, City, State, ZIP) 6001 HARWICH LN FORT WORTH TX 76179																																																																			
	<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Prsn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>DAVIS AMANDA MICHELLE</td> <td>B</td> <td>32</td> <td>W</td> <td>2</td> <td>1</td> <td>1</td> <td>5</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>														Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	DAVIS AMANDA MICHELLE	B	32	W	2	1	1	5	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																																			
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<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address DAVIS AMANDA MICHELLE 6001 HARWICH LN FORT WORTH TX 76179																																																																				
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt Fin. Resp. 26 Fin. Resp. Type 1 Fin. Resp. Name USAA Fin. Resp. Num. 028276844 7103																																																																				
27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 6- RD-7 Vehicle Inventoried <input checked="" type="checkbox"/> No																																																																				
Towed By CORNISH TOWING Towed To CORNISH TOWING																																																																				
VEHICLE, DRIVER, & PERSONS	Unit Num. 48		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		LP Num. LMT7382		VIN 3 C 6 R R 6 L T 2 H G 5 3 0 1 0 4																																																									
	Veh. Year 2017		6 Veh. Color GRY		Veh. Make DODGE		Veh. Model RAM 1500		7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																									
	8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 16412917		9 DL Class C		10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 02/06/1969																																																							
	Address (Street, City, State, ZIP) 833 STAFFORD STATION DR SAGINAW TX 76131																																																																			
	<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Prsn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>GENUALDO PAUL RICHARD</td> <td>C</td> <td>52</td> <td>W</td> <td>1</td> <td>1</td> <td>1</td> <td>5</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>														Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	GENUALDO PAUL RICHARD	C	52	W	1	1	1	5	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
	Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																																		
	1	1	1	GENUALDO PAUL RICHARD	C	52	W	1	1	1	5	97	N	96		96	97	97																																																		
	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																																			
	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address GENUALDO PAUL RICHARD 833 STAFFORD STATION DR SAGINAW TX 76131																																																																			
	Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt Fin. Resp. 26 Fin. Resp. Type 1 Fin. Resp. Name FARMERS INSURANCE Fin. Resp. Num. 45006011																																																																			
27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 6- RD-7 Vehicle Inventoried <input checked="" type="checkbox"/> No																																																																				
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7/28/2021 11:35 AMLaw Enforcement and TxDOT Use ONLY.  
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Case ID 210011068

TxDOT  
Crash IDHidalgo County District Clerk  
Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	47	1		LOCAL HOSPITAL	SELF	/ /
48	1		LOCAL HOSPITAL	SELF	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE		Owner's Name		Owner's Address	
Damaged Property Other Than Vehicles					

Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID-Type	Carrier ID Num.

Carrier's Corp. Name	Carrier's Primary Addr.	30 Veh. Type

31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type

Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles

36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
								98	3	97	3	2	6	96	

NARRATIVE AND DIAGRAM

INVESTIGATOR	Time Notified (24HR:MM)	How Notified	Time Arrived (24HR:MM)	Report Date (MM/DD/YYYY)
	0 6 2 0	DISPATCH	0 6 4 0	0 3 / 0 1 / 2 0 2 1

Invest. Comp.	Investigator Name (Printed)	ID Num.
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HARPER, G. MARTIN, K	3380-3421

ORI Num.	Agency	Service/Region/DA
T X 2 2 0 1 2 0 0	FORT WORTH POLICE DEPARTMENT	C E N T R L



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Total Num. 7/28/2021 3:06 AM  
 Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 49 of 149

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit	
<input type="checkbox"/> Const. Zone				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 49		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State AR	
LP Num. K810521		VIN 3AKJGLDR1KDKN3177					
Veh. Year 2019		6 Veh. Color GRY		Veh. Make FREIGHTLINER		Veh. Model UNKNOWN	
7 Body Style TT		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State MX		DL/ID Num. NVOL062506		9 DL Class 98	
10 CDL End. 98		11 DL Rest. 98		DOB (MM/DD/YYYY) 09/26/1983			
Address (Street, City, State, ZIP) HACIENDA RALDEA 131 GARCIA MX NL6600							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 1		13 Seat Position		Name: GARCIA RODRIGUEZ HECTOR FERNANDO	
14 Injury Severity C		Age 37		15 Ethnicity H		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 1		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address RICH TRANSPORT LLC 6011 SCOTT HAMMILTON DR LITTLE ROCK AR 72209							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name UNITED SPECIALTY	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 8-		LBG-5		27 Vehicle Damage Rating 2 2-	
RD-4		Vehicle Inventoried <input checked="" type="checkbox"/> No					
Towed By EDDS TOWING				Towed To RICH TRANSPORT LLC 4444 IRVING BLVD			
Unit Num. 50		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State OK	
LP Num. 9931KJ		VIN 3H3V532C6FT280408					
Veh. Year 2015		6 Veh. Color WHI		Veh. Make HYUNDAI STEEL INDUSTRIES		Veh. Model NOT APPLICABLE	
7 Body Style TL		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class	
10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP)							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num.		12 Psn. Type		13 Seat Position		Name:	
14 Injury Severity		Age		15 Ethnicity		16 Sex	
17 Eject.		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec.		23 Drug Spec.		24 Drug Result	
25 Drug Category		Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address RICH TRANSPORT LLC 6011 SCOTT HAMMILTON DR LITTLE ROCK AR 72209							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name UNITED SPECIALTY	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 6-		RD-6		27 Vehicle Damage Rating 2 12-	
FD-3		Vehicle Inventoried <input checked="" type="checkbox"/> No					
Towed By EDDS TOWING				Towed To RECH TRANSPORT			

Electronically Filed  
7/28/2021 11:35 AMLaw Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDHidalgo County District Clerk  
Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	49	1	ON SITE	MEDSTAR	/ /	
				/ /		
				/ /		
				/ /		
				/ /		
				/ /		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	10,001+ LBS.	TRANSPORTING HAZARDOUS MATERIAL	9+ CAPACITY	CMV Disabling Damage?	Yes	No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			1	1	03057789
Carrier's Corp. Name RICH TRANSPORT Carrier's Primary Addr. 6011 SCOTT HAMMILTON DR LITTLE ROCK AR 72209											
31 Bus Type	0	<input type="checkbox"/> RGWW	<input checked="" type="checkbox"/> GVWR	52350	HazMat Released	<input type="checkbox"/> Yes	<input type="checkbox"/> No	32 HazMat Class Num.		HazMat ID Num.	
33 Cargo Body Type	3										
Unit Num.	50	<input type="checkbox"/> RGWW	<input checked="" type="checkbox"/> GVWR	68000	34 Trlr. Type	1	CMV Disabling Damage?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Unit Num.	
Sequence Of Events	35 Seq. 1	98	35 Seq. 2		35 Seq. 3		35 Seq. 4		Intermodal Shipping Container Permit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
									Actual Gross Weight		Total Num. Axles:

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
									98	3	97	3	2	6	96

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE											

INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	0	1	2	0	2	1
	Invest. Comp.	<input checked="" type="checkbox"/> Yes					Investigator Name (Printed)	HARPER, G.						ID Num.	3380-3421						
ORI Num.	T	X	2	2	0	1	2	0	0	*Agency	FORT WORTH POLICE DEPARTMENT		Service/Region/DA	C	E	N	T	R	L		

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Units 1 4 8  
 Total Prsn 7/28/2021 11:35 AM  
 Prsn Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Reviewed By: Alessandra Galvan

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Page 51 of 149

Refer to Attached Code Sheet for Numbered Fields

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 51		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State KS	
LP Num. 198172		VIN 1XKYD P 9X2LJ 413010					
Veh. Year 2020		6 Veh. Color BLK		Veh. Make KENWORTH		Veh. Model UNKNOWN	
7 Body Style TT		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State KS		DL/ID Num. K02205893		9 DL Class 98	
10 CDL End. 98		11 DL Rest. 98		DOB (MM/DD/YYYY) 08/01/1969			
Address (Street, City, State, ZIP) 1817 EAST 24TH AVE #7 HUTCHINSON KS 67502							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: BOWMAN CHARLES GRANT	
14 Injury Severity C		Age 51		Ethnicity W		Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 97		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97							
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		SUN VALLEY INC 1601 E BLANCHARD AVE HUTCHINSON KS 67501			
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ARCH INS	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12"		FD-6		27 Vehicle Damage Rating 2 9"	
LD-5		Vehicle Inventoried <input checked="" type="checkbox"/> No					
Towed By BEARDS TOWING		Towed To BEARDS TOWING					
Unit Num. 52		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State KS	
LP Num. C397603		VIN 1W14452A2M7720508					
Veh. Year 2021		6 Veh. Color SIL		Veh. Make WILSON TRAILER CO		Veh. Model NOT APPLICABLE	
7 Body Style TL		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class	
10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP)							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num.		12 Prsn. Type		13 Seat Position		Name:	
14 Injury Severity		Age		Ethnicity		Sex	
17 Eject.		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec.		23 Drug Spec.		24 Drug Result	
25 Drug Category							
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		SUN VALLEY INC 1601 E BLANCHARD AVE HUTCHINSON KS 67501			
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ARCH INS	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 6"		RD-6		27 Vehicle Damage Rating 2 12"	
FD-6		Vehicle Inventoried <input checked="" type="checkbox"/> No					
Towed By BEARDS TOWING		Towed To BEARDS TOWING					

Electronically Filed  
7/28/2021 11:35 AMLaw Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDHidalgo County District Clerk  
Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	51	1		LOCAL HOSPITAL	SELF	/ /
					/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	10,001+ LBS.	TRANSPORTING HAZARDOUS MATERIAL	9+ CAPACITY	CMV Disabling Damage?	Yes	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
		51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Yes	1	1
	Carrier's Corp. Name SUN VALLEY INC								
	Carrier's Primary Addr. 1601 E BLANCHARD AVE HUTCHINSON KS 67501								
	31-Bus Type	0	RGWW	5,3,2,0,0	HazMat Released	<input type="checkbox"/>	Yes	32 HazMat Class Num.	
			GVWR			<input type="checkbox"/>	No		
	33 Cargo Body Type	10							
	Unit Num.	52	RGWW	8,5,5,0,0	34 Trlr. Type	2	CMV Disabling Damage?	<input checked="" type="checkbox"/>	Yes
			GVWR				<input type="checkbox"/>	No	
	Sequence Of Events	35 Seq. 1	98	35 Seq. 2		35 Seq. 3		35 Seq. 4	
							Intermodal Shipping Container Permit	<input checked="" type="checkbox"/>	Yes
									Actual Gross Weight
									Total Num. Axles:

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
									98	3	97	3	2	6	96	

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE															

INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	0	1	2	0	2	1
		Invest. Comp.	<input checked="" type="checkbox"/>	Yes	Investigator Name (Printed)	HARPER, G.	MARTIN, K		ID Num.	3380-3421											
	ORI Num.	T	X	2	2	0	1	2	0	0	*Agency	FORT WORTH POLICE DEPARTMENT	Service/Region/DA	C	E	N	T	R	L		

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Units 1 4 8  
 Total Num. 7/28/2021 11:35 AM  
 Printed Hidalgo County District Clerks


## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

Reviewed By: Alessandra Galvan

Page 53 of 149

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277			
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 53		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State IN	
LP Num. AMF699		VIN K L 7 9 M R S L 1 M B 0 5 9 9 0 0					
Veh. Year 2021		6 Veh. Color BLU		Veh. Make CHEVROLET		Veh. Model TRAILBLAZER	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State IN		DL/ID Num. 9370097027		9 DL Class 98	
10 CDL End. 98		11 DL Rest. 98		DOB (MM/DD/YYYY) 07/09/1994			
Address (Street, City, State, ZIP) 2064 BLISS RD FORT WORTH TX 76177							
Person Num. 1		12 Psn. Type 1		13 Seat Position		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity		Age		15 Ethnicity	
16 Sex		17 Eject.		18 Restr.		19 Airbag	
20 Helmet		21 Sol.		22 Alc. Spec.		23 Alc. Result	
24 Drug Spec.		25 Drug Result		26 Drug Category			
1		1		1		MATTINGLY MEGHAN MIKAYLA	
N		26		W		2	
1		1		5		97	
N		96				96	
97		97		97		97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		MATTINGLY MEGHAN MIKAYLA		FORT WORTH TX 76177	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired		26 Fin. Resp. Type 1		Fin. Resp. Name		Fin. Resp. Num.	
<input type="checkbox"/> No <input type="checkbox"/> Exempt		Resp. Type 1		ERIE INS		Q042914860	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		3" RP-7		27 Vehicle Damage Rating 2	
10" FL-4		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Towed By TEXAS TOWING		Towed To TEXAS TOWING					
Unit Num. 54		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. DG6X580		VIN J T E B U 4 B F 3 B K 1 0 8 3 6 3					
Veh. Year 2011		6 Veh. Color SIL		Veh. Make TOYOTA		Veh. Model FJ CRUISER	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 24017242		9 DL Class BM	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 07/03/1990			
Address (Street, City, State, ZIP) 6006 MONTFORD DR COLLEYVILLE TX 76034							
Person Num. 1		12 Psn. Type 1		13 Seat Position		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity		Age		15 Ethnicity	
16 Sex		17 Eject.		18 Restr.		19 Airbag	
20 Helmet		21 Sol.		22 Alc. Spec.		23 Alc. Result	
24 Drug Spec.		25 Drug Result		26 Drug Category			
1		1		1		MCDANIEL DWIGHT KERN	
B		30		B		1	
1		1		5		97	
N		96				96	
97		97		97		97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		MCDANIEL DWIGHT KERN		COLLEYVILLE TX 76034	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired		26 Fin. Resp. Type 1		Fin. Resp. Name		Fin. Resp. Num.	
<input type="checkbox"/> No <input type="checkbox"/> Exempt		Resp. Type 1		PROGRESSIVE		926977813	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		12" FD-7		27 Vehicle Damage Rating 2	
6" RD-7		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Towed By MILNER TOWING		Towed To MILNER TOWING					



Electronically Filed  
7/28/2021 11:35 AMLaw Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDHidalgo County District Clerk  
Reviewed By: Alessandra Garza

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)		
	54	1	BAYLOR GRAPEVINE	SELF	/ /			
					/ /			
					/ /			
					/ /			
					/ /			
CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.				
DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address				
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
	Carrier's Corp. Name		Carrier's Primary Addr.		30 Veh. Type			
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
FACTORS & CONDITIONS	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:
	36 Contributing Factors (Investigator's Opinion)			37 Vehicle Defects (Investigator's Opinion)			Environmental and Roadway Conditions	
	Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads
						98	3	97
NARRATIVE AND DIAGRAM								
INVESTIGATOR	Time Notified (24HR:MM)	0 6 2 0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0 6 4 0	Report Date (MM/DD/YYYY)	0 3 / 0 1 / 2 0 2 1
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)		HARPER, G.	MARTIN, K	ID Num.	3380-3421	
	ORI Num.	TX 2 2 0 1 2 0 0		*Agency	FORT WORTH POLICE DEPARTMENT			Service/Region/DA
					CENTRAL			

DIAGRAM ON SEPARATE PAGE



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Units 1 4 8  
 Total Num. 7/28/2021 11:35 AM  
 Prsnl. 1 3 6  
 Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

Reviewed By: Alessandra Galvan

Page 55 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277			
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 55		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. 1433505		VIN 1 F M 5 K 8 A W 9 L G C 1 4 3 5 0					
Veh. Year 2020		6 Veh. Color BLK		Veh. Make FORD		Veh. Model EXPLORER	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 11046228		9 DL Class CM	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 08/17/1970			
Address (Street, City, State, ZIP) 505 W FELIX ST FORT WORTH TX 76115							
Person Num. 1		12 Psn. Type 1		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity		Age 50		15 Ethnicity H		16 Sex 2	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		CITY OF FORT WORTH 2500 BRENNAN AVE		FORT WORTH TX 76106	
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name SELF	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 9-		LP-6		27 Vehicle Damage Rating 2 -	
Towed By TEXAS TOWING		Towed To CITY OF FORT WORTH IMPOUND		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Unit Num. 56		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State UN	
LP Num.		VIN					
Veh. Year 2021		6 Veh. Color GRY		Veh. Make TOYOTA		Veh. Model UNKNOWN	
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99	
10 CDL End. 99		11 DL Rest. 99		DOB (MM/DD/YYYY) / /			
Address (Street, City, State, ZIP) UNKNOWN UNKNOWN UN UNK							
Person Num. 1		12 Psn. Type 99		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity 99		Age 99		15 Ethnicity 99		16 Sex 99	
17 Eject. 1		18 Restr. 99		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		UNKNOWN UNK		UNKNOWN UN UNK	
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type		Fin. Resp. Name	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 6-		RD-7		27 Vehicle Damage Rating 2 12-	
Towed By TEXAS TOWING		Towed To TEXAS TOWING		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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7/28/2021 11:35 AM

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Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDHidalgo County District Clerk  
Reviewed By: Alessandra Garvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)												
					/ /													
					/ /													
					/ /													
					/ /													
					/ /													
CHARGES	Unit Num.	Prsn. Num.	Charge			Citation/Reference Num.												
DAMAGE	Damaged Property Other Than Vehicles			Owner's Name		Owner's Address												
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.										
	Carrier's Corp. Name		Carrier's Primary Addr.		30 Veh. Type													
	31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type										
	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No										
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles										
FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions									
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control				
								98	3	97	3	2	6	96				
NARRATIVE AND DIAGRAM	<p style="text-align: center;">DIAGRAM ON SEPARATE PAGE</p>																	
INVESTIGATOR	Time Notified (24HR:MM)		0 6 2 0		How Notified		DISPATCH		Time Arrived (24HR:MM)		0 6 4 0		Report Date (MM/DD/YYYY)		0 3 / 0 1 / 2 0 2 1			
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)				HARPER, G. MARTIN, K				ID Num.				3380-3421			
	ORI Num.	TX 2 2 0 1 2 0 0				*Agency				FORT WORTH POLICE DEPARTMENT				Service/Region/DA				CENTRAL

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE ☐ SCHOOL ZONE
Total  
Num. 1 4 8  
Units

Electronically Filed

7/28/2021 11:35 AM

Hidalgo County District Clerks

Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Reviewed By: Alessandra Galvan

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Page 57 of 149

Refer to Attached Code Sheet for Numbered Fields

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit	
Const. Zone <input checked="" type="checkbox"/> No				Workers Present <input checked="" type="checkbox"/> No		Street Desc.	
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 57		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. R110574		VIN 1F U J G E B G 1 G L G Z 6 9 7 6					
Veh. Year 2016		6 Veh. Color WHI		Veh. Make FREIGHTLINER		Veh. Model CASCADIA 125	
7 Body Style TT		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 40290659		9 DL Class A	
10 CDL End. NTH		11 DL Rest. P27		DOB (MM/DD/YYYY) 11/08/1984			
Address (Street, City, State, ZIP) 6078 COPPERFIELD DR #411 FORT WORTH TX 76132							
Person Num. 1		12 Psn. Type 1		13 Seat Position		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity B		Age 36		15 Ethnicity W	
16 Sex 1		17 Eject. 1		18 Restr. 1		19 Airbag 97	
20 Helmet N		21 Sol. 96		22 Alc. Spec. 96		23 Drug Spec. 97	
24 Drug Result 97		25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		GO TO LOGISTICS INC		RIVER GROVE IL 60171	
26 Fin. Resp. Type 1		Fin. Resp. Name ARCH INS		Fin. Resp. Num. ZACAT6009803			
27 Vehicle Damage Rating 1 12-		FD-6		27 Vehicle Damage Rating 2 -		Vehicle Inventoried <input checked="" type="checkbox"/> No	
Towed By MILNER TOWING		Towed To 6320 EDEN DR, FORT WORTH					
Unit Num. 58		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State IL	
LP Num. 418014ST		VIN 1 U Y V S 2 5 3 0 B M 1 4 4 2 0 7					
Veh. Year 2011		6 Veh. Color WHI		Veh. Make UTILITY TRAILER MFG		Veh. Model NOT APPLICABLE	
7 Body Style TL		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class	
10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP)							
Person Num.		12 Psn. Type		13 Seat Position		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity		Age		15 Ethnicity	
16 Sex		17 Eject.		18 Restr.		19 Airbag	
20 Helmet		21 Sol.		22 Alc. Spec.		23 Drug Spec.	
24 Drug Result		25 Drug Category		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		GO TO LOGISTICS INC		BARTLETT IL 60103	
26 Fin. Resp. Type 1		Fin. Resp. Name ARCH INS		Fin. Resp. Num. ZACAT6009803			
27 Vehicle Damage Rating 1 5-		RP-3		27 Vehicle Damage Rating 2 -		Vehicle Inventoried <input checked="" type="checkbox"/> No	
Towed By MILNER TOWING		Towed To 6320 EDEN RD, FORT WORTH					

Electronically Filed  
7/28/2021 11:35 AMHidalgo County District Clerk  
Reviewed By: Alessandra GalvanLaw Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)															
	57	1	PERSONAL DR	SELF	/ /																
					/ /																
					/ /																
					/ /																
					/ /																
CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.																	
DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address																	
CMV	Unit Num.	10,001+ LBS.	TRANSPORTING HAZARDOUS MATERIAL	9+ CAPACITY	CMV Disabling Damage?	Yes	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.												
	57	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No	2	1	01500245												
	Carrier's Corp. Name	GO TO LOGISTICS INC		Carrier's Primary Addr.	2233 N WEST ST		RIVER GROVE IL 60171		30 Veh. Type												
	0	<input type="checkbox"/> RGWW	<input checked="" type="checkbox"/> GVWR	5,200	HazMat Released	<input type="checkbox"/> Yes	<input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type											
FACTORS & CONDITIONS	Unit Num.	58	<input type="checkbox"/> RGWW	<input checked="" type="checkbox"/> GVWR	6,500	34 Trlr. Type	2	CMV Disabling Damage?	Yes	No	Unit Num.	<input type="checkbox"/> RGWW	<input checked="" type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	Yes	No				
	Sequence Of Events	35 Seq. 1	98	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:										
	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions												
	Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control									
					98	3	97	3	2	6	96										
NARRATIVE AND DIAGRAM	<p>DIAGRAM ON SEPARATE PAGE</p>																				
INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	0	1	2	0	2	1
	Invest. Comp.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Investigator Name (Printed)	HARPER, G.		MARTIN, K		ID Num.	3380-3421											
	ORI Num.	TX 2201200				*Agency	FORT WORTH POLICE DEPARTMENT										Service/Region/DA	CENTRAL			

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Units 1 4 8  
 Total Num. 7/28/2021 11:35 AM  
 Prsn. Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 59 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit	
Const. Zone <input checked="" type="checkbox"/> No				Workers Present <input checked="" type="checkbox"/> No		Street Desc.	
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 59		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. NPF2365		VIN 1GCG4YUEY2LF186920					
Veh. Year 2020		6 Veh. Color WHI		Veh. Make CHEVROLET		Veh. Model SILVERADO K3500	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 19943103		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 06/19/1986			
Address (Street, City, State, ZIP) 8120 HORSEMAN RD FORT WORTH TX 76131							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity N		Age 34		15 Ethnicity W	
16 Sex 1		17 Eject 1		18 Restr. 1		19 Airbag 5	
20 Helmet 97		21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		THELIN RECYCLING CO		FORT WORTH TX 76115	
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name UNITED FIRST CASUALTY	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 6-	
RD-7		Vehicle Inventoried <input checked="" type="checkbox"/> No					
Towed By BEARDS TOWING		Towed To BEARDS TOWING					
Unit Num. 60		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. MWX4836		VIN 5NMS23AD7KH009447					
Veh. Year 2019		6 Veh. Color GRY		Veh. Make HYUNDAI		Veh. Model SANTA FE	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 44716391		9 DL Class C	
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 04/08/1962			
Address (Street, City, State, ZIP) 11916 HICKORY CIR FORT WORTH TX 76244							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity A		Age 58		15 Ethnicity W	
16 Sex 2		17 Eject 1		18 Restr. 1		19 Airbag 5	
20 Helmet 97		21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		ROBERTSON ENID		LYL	
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ALLSTATE	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 6-	
RD-7		Vehicle Inventoried <input checked="" type="checkbox"/> No					
Towed By BEARDS TOWING		Towed To BEARDS TOWING					



Electronically Filed  
7/28/2021 11:35 AMHidalgo County District Clerk  
Reviewed By: Alessandra GalvanLaw Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)										
	60	1	BAYLOR	MEDSTAR 81	/ /											
					/ /											
					/ /											
					/ /											
					/ /											
CHARGES	Unit Num.	Prsn. Num.	Charge			Citation/Reference Num.										
DAMAGE	Damaged Property Other Than Vehicles			Owner's Name		Owner's Address										
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.								
	Carrier's Corp. Name			Carrier's Primary Addr.			30 Veh. Type									
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type								
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No								
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:								
FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control		
								98	3	97	3	2	6	96		
NARRATIVE AND DIAGRAM	<p style="text-align: center;">DIAGRAM ON SEPARATE PAGE</p>															
INVESTIGATOR	Time Notified (24HR:MM)		0 6 2 0		How Notified		DISPATCH		Time Arrived (24HRMM)		0 6 4 0		Report Date (MM/DD/YYYY)		0 3 / 0 1 / 2 0 2 1	
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) HARPER, G. MARTIN, K						ID Num. 3380-3421							
	ORI Num.	TX 2 2 0 1 2 0 0						*Agency FORT WORTH POLICE DEPARTMENT						Service/Region/DA C E N T R L		



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Total Prsn. 3 6 13  
 Units 1 4 8  
 Prsn. 3 6 13

Electronically Filed

7/23/2021 11:35 AM

Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 61 of 149

Refer to Attached Code Sheet for Numbered Fields

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/Speed Limit		<input type="checkbox"/> Const. Zone <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Workers Present				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Street Desc.	
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 61		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. NWK0448		VIN					
Veh. Year 2021		6 Veh. Color GRAY		Veh. Make UNKNOWN		Veh. Model UNKNOWN	
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99	
10 CDL End. 99		11 DL Rest. 99		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP) UNKNOWN UNKNOWN UN UNK							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		14 Injury Severity 99	
Age 99		15 Ethnicity 99		16 Sex 99		17 Eject. 1	
18 Restr. 99		19 Airbag 5		20 Helmet 97		21 Sol. N	
22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		26 Drug Result		Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		UNKNOWN UNK		UNKNOWN UN UNK	
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type		Fin. Resp. Name	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		12- FD-7		27 Vehicle Damage Rating 2	
Towed By UNKNOWN		Towed To UNKNOWN		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Unit Num. 62		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. LDX1404		VIN 5 X Y Z T 3 L B 1 J G 5 1 0 1 8 6					
Veh. Year 2018		6 Veh. Color BLK		Veh. Make HYUNDAI		Veh. Model SANTA FE	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 44019005		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 02/24/1968			
Address (Street, City, State, ZIP) 1440 DUN HORSE DR HASLET TX 76052							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		14 Injury Severity A	
Age 52		15 Ethnicity W		16 Sex 2		17 Eject. 1	
18 Restr. 1		19 Airbag 5		20 Helmet 97		21 Sol. N	
22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		26 Drug Result		Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		KILBREATH SUZETTE 1440 DUN HORSE DR		JANELLE HASLET TX 76052	
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		12- FD-7		27 Vehicle Damage Rating 2 6- RD-7	
Towed By TEXAS TOWING		Towed To TEXAS TOWING		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Electronically Filed  
7/28/2021 11:35 AM

Page 62 of 149

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDHidalgo County District Clerk  
Reviewed By: Alessandra Garvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	62	1		MEDICAL CITY ALLIANCE	MEDSTAR	/ /
					/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	31 Bus Type		<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.
Unit Num.		<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight			Total Num. Axles:

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
									98	3	97	3	2	6	96	

INVESTIGATOR	Time Notified (24HR:MM)		How Notified	Time Arrived (24HR:MM)		Report Date (MM/DD/YYYY)											
		0	6	2	0	DISPATCH	0	6	4	0	0	3	0	1	2	0	2

INVESTIGATOR	Invest. Comp.	Investigator Name (Printed)	ID Num.
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HARPER, G.	MARTIN, K

ORI Num.	Agency	Service/Region/DA
T X 2 2 0 1 2 0 0	FORT WORTH POLICE DEPARTMENT	C E N T R L

DIAGRAM ON SEPARATE PAGE

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE ☐ SCHOOL ZONE

 Total Num. 1 4 8  
 Units 1 4 8  
 Total Num. 7/28/2021 11:35 AM  
 Prsn Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 63 of 149

\*--These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																																																																	
	*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit																																																															
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																																																																	
	ROAD ON WHICH CRASH OCCURRED																																																																							
VEHICLE, DRIVER, & PERSONS	*1 Rdw. Sys. TL		*Hwy. Num. 35		2 Rdw. Part 1		Block Num. 2600		3 Street Prefix		*Street Name		4 Street Suffix																																																											
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.																																																											
	INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																																							
	At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdw. Sys. LR		Hwy. Num.		2 Rdw. Part 1		Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																																																									
	Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker		Street Desc. HWY		RRX Num.																																																													
	Unit Num. 63		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State TX		LP Num. 77316DV		VIN K N M A T 2 M V 6 J P 5 5 8 3 8 9																																																											
	Veh. Year 2018		6 Veh. Color BLK		Veh. Make NISSAN		Veh. Model ROGUE		7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																													
	8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 19917952		9 DL Class CM		10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 07/05/1963																																																											
	Address (Street, City, State, ZIP) 5508 BLUE SPRUCE DR ARLINGTON TX 76018																																																																							
	<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Prsn. Type</th> <th>13 Seat Position</th> <th colspan="3">Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>15 Age</th> <th>16 Ethnicity</th> <th>17 Sex</th> <th>18 Eject.</th> <th>19 Restr.</th> <th>20 Airbag</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>23 Alc. Result</th> <th>24 Drug Spec.</th> <th>25 Drug Result</th> <th>26 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>ENGEL</td> <td>ROBERT</td> <td>ALAN</td> <td>B</td> <td>57</td> <td>W</td> <td>1</td> <td>1</td> <td>1</td> <td>5</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="19">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>														Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line			14 Injury Severity	15 Age	16 Ethnicity	17 Sex	18 Eject.	19 Restr.	20 Airbag	21 Sol.	22 Alc. Spec.	23 Alc. Result	24 Drug Spec.	25 Drug Result	26 Drug Category	1	1	1	ENGEL	ROBERT	ALAN	B	57	W	1	1	1	5	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																		
Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line			14 Injury Severity	15 Age	16 Ethnicity	17 Sex	18 Eject.	19 Restr.	20 Airbag	21 Sol.	22 Alc. Spec.	23 Alc. Result	24 Drug Spec.	25 Drug Result	26 Drug Category																																																						
1	1	1	ENGEL	ROBERT	ALAN	B	57	W	1	1	1	5	97	N	96		96	97	97																																																					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																																								
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address ENGEL ROBERT ALAN 5508 BLUE SPRUCE DR ARLINGTON TX 76018																																																																								
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt Fin. Resp. Name FARMERS Fin. Resp. Num. 44562585 27 Vehicle Damage Rating 1 6- RD-7 27 Vehicle Damage Rating 2 12- FD-7 Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Towed By CORNISH TOWING Towed To CORNISH TOWING																																																																								
VEHICLE, DRIVER, & PERSONS	Unit Num. 64		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State TX		LP Num. JYV4480		VIN 1 F T B F 2 A 6 2 H E D 3 1 1 7 9																																																											
	Veh. Year 2017		6 Veh. Color WHI		Veh. Make FORD		Veh. Model F250		7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																													
	8 DL/ID Type 1		DL/ID State HI		DL/ID Num. H01437163		9 DL Class 98		10 CDL End. 98		11 DL Rest. 98		DOB (MM/DD/YYYY) 12/06/1966																																																											
	Address (Street, City, State, ZIP) 14-746 FLOWER ST PAHOA HI 96778																																																																							
	<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Prsn. Type</th> <th>13 Seat Position</th> <th colspan="3">Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>15 Age</th> <th>16 Ethnicity</th> <th>17 Sex</th> <th>18 Eject.</th> <th>19 Restr.</th> <th>20 Airbag</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>23 Alc. Result</th> <th>24 Drug Spec.</th> <th>25 Drug Result</th> <th>26 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>WILLIAMS</td> <td>WILLIAM</td> <td>DARRELL</td> <td>K</td> <td>54</td> <td>98</td> <td>1</td> <td>1</td> <td>1</td> <td>5</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="19">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>														Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line			14 Injury Severity	15 Age	16 Ethnicity	17 Sex	18 Eject.	19 Restr.	20 Airbag	21 Sol.	22 Alc. Spec.	23 Alc. Result	24 Drug Spec.	25 Drug Result	26 Drug Category	1	1	1	WILLIAMS	WILLIAM	DARRELL	K	54	98	1	1	1	5	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																		
	Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line			14 Injury Severity	15 Age	16 Ethnicity	17 Sex	18 Eject.	19 Restr.	20 Airbag	21 Sol.	22 Alc. Spec.	23 Alc. Result	24 Drug Spec.	25 Drug Result	26 Drug Category																																																					
	1	1	1	WILLIAMS	WILLIAM	DARRELL	K	54	98	1	1	1	5	97	N	96		96	97	97																																																				
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	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address GEEP MECH ENG AND CONST INC 3640 8TH AVE FORT WORTH TX 76110																																																																							
	Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt Fin. Resp. Name AMERISURE INSURANCE CO Fin. Resp. Num. CA1281769 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 6- RD-7 Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Towed By BEARDS TOWING Towed To BEARDS TOWING																																																																							

Electronically Filed  
7/28/2021 11:35 AMLaw Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDHidalgo County District Clerk  
Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	63	1		USMD ARLINGTON	PERSONAL VEH	/ /
64	1		TC MORGUE	FORT WORTH FUNERALS AND CREMATION	0 2 / 1 1 / 2 0 2 1	0 6   0 3
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	31 Bus Type		<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.
Unit Num.		<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight			Total Num. Axles:

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
									98	3	97	3	2	6	96

NARRATIVE AND DIAGRAM	Time Notified (24HR:MM)		How Notified	Time Arrived (24HR:MM)		Report Date (MM/DD/YYYY)	
		0 6   2 0	DISPATCH	0 6   4 0	0 3 / 0 1 / 2 0 2 1		

INVESTIGATOR	Invest. Comp.	Investigator Name (Printed)	ID Num.
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HARPER, G. MARTIN, K	3380-3421

ORI Num.	*Agency	Service/Region/DA
TX 2 2 0 1 2 0 0	FORT WORTH POLICE DEPARTMENT	C E N T R L

DIAGRAM ON SEPARATE PAGE

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. Units 1 4 8  
 Total Num. Persons 7/28/2021 11:35 AM  
 Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Reviewed By: Alessandra Galvan

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Page 65 of 149

Refer to Attached Code Sheet for Numbered Fields

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit	
Const. Zone		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Workers Present		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. Sys. LR		2 Rdwy. Part 1		Block Num. 2500	
3 Street Prefix NE		*Street Name 28TH		4 Street Suffix ST			
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 65		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. NPB5797		VIN 1F7W2BT0LE39233					
Veh. Year 2020		6 Veh. Color RED		Veh. Make FORD		Veh. Model F250	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 01159671		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 09/25/1971			
Address (Street, City, State, ZIP) 500 WOODLAND PARK DR BOYD TX 76023							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: VARDY CHISTOPHER RAY	
14 Injury Severity K		Age 49		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address VARDY CHISTOPHER RAY 500 WOODLAND PARK DR BOYD TX 76023					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name FARMERS INS	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12"		FD* 7		27 Vehicle Damage Rating 2 6"	
RD* 7		Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Towed By CORNISH TOWING		Towed To CORNISH TOWING					
Unit Num. 66		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. MKT5732		VIN 1C4PJMJN9KD464297					
Veh. Year 2019		6 Veh. Color BLK		Veh. Make JEEP		Veh. Model GRAND CHEROKEE	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 44629286		9 DL Class C	
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 09/10/1982			
Address (Street, City, State, ZIP) 2512 BOOT JACK RD FORT WORTH TX 76177							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: BLAKE SAMUEL ETIENNE	
14 Injury Severity B		Age 38		15 Ethnicity B		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address BLAKE SAMUEL ETIENNE 2512 BOOT JACK RD FORT WORTH TX 76177					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 6"		RD* 7		27 Vehicle Damage Rating 2 12"	
FD* 7		Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Towed By EDS TOWING		Towed To EDS TOWING					



Electronically Filed  
7/28/2021 11:35 AMLaw Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDHidalgo County District Clerk  
Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	65	1		TARRANT COUNTY MORGUE	FORT WORTH FUNERALS AND CREMATION	0 2 / 1 1 / 2 0 2 1
66	1		MEDICAL CITY FW	MEDSTAR 56	/ /	/ /
					/ /	/ /
					/ /	/ /
					/ /	/ /
					/ /	/ /

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR				HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.
33 Cargo Body Type									
Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR				34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight		Total Num. Axles:	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
									98	3	97	3	2	6	96

NARRATIVE AND DIAGRAM	INVESTIGATOR	
	Time Notified (24HR:MM)	0 6 / 2 0
How Notified	DISPATCH	
Time Arrived (24HR:MM)	0 6 / 4 0	
Report Date (MM/DD/YYYY)	0 3 / 0 1 / 2 0 2 1	
Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) HARPER, G. MARTIN, K	
ORI Num.	T X 2 2 0 1 2 0 0	
*Agency	FORT WORTH POLICE DEPARTMENT	
Service/Region/DA	C E N T R L	

DIAGRAM ON SEPARATE PAGE



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Units 1 4 8  
 Total Num. 7/28/2021 11:35 AM  
 Prsn. Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 67 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																																																							
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit																																																							
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																																																									
ROAD ON WHICH CRASH OCCURRED																																																													
*1 Rdw. Sys. TL		*Hwy. Num. 35		2 Rdw. Part 1		Block Num. 2600																																																							
3 Street Prefix		*Street Name		4 Street Suffix																																																									
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/ Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> No																																																							
Workers Present <input checked="" type="checkbox"/> No		Street Desc.																																																											
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																													
At Int. <input checked="" type="checkbox"/> No		1 Rdw. Sys. LR		Hwy. Num.		2 Rdw. Part 1																																																							
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																																																							
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker																																																							
Street Desc. HWY		RRX Num.																																																											
Unit Num. 67		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State MO																																																							
LP Num. 49KR4D		VIN 1XPBBDP9X7LD364465																																																											
Veh. Year 2020		6 Veh. Color GRN		Veh. Make PETERBILT		Veh. Model 397																																																							
7 Body Style TT		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																											
8 DL/ID Type 1		DL/ID State KS		DL/ID Num. K02388146		9 DL Class 98																																																							
10 CDL End. 98		11 DL Rest. 98		DOB (MM/DD/YYYY) 07/05/1985																																																									
Address (Street, City, State, ZIP) 6125 OTTER CREEK RD OLSBURG KS 66520																																																													
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Prsn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>23 Alc. Result</th> <th>24 Drug Spec.</th> <th>25 Drug Result</th> <th>Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>RIDDER STEVEN ANTHONY</td> <td>B</td> <td>35</td> <td>W</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>								Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	23 Alc. Result	24 Drug Spec.	25 Drug Result	Category	1	1	1	RIDDER STEVEN ANTHONY	B	35	W	1	1	1	1	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	23 Alc. Result	24 Drug Spec.	25 Drug Result	Category																																												
1	1	1	RIDDER STEVEN ANTHONY	B	35	W	1	1	1	1	97	N	96		96	97	97																																												
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																													
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		NEW PRIME INCE 2740 MAYFAIR AVE SPRINGFIELD MO 75409																																																									
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ACE AMERICAN INS																																																							
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-6		27 Vehicle Damage Rating 2 -																																																							
Towed By TEXAS TOWING		Towed To TEXAS TOWING																																																											
Unit Num. 68		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State MO																																																							
LP Num. 25A781		VIN 1RND53A29ER030781																																																											
Veh. Year 2014		6 Veh. Color 98		Veh. Make REITNOUER		Veh. Model NOT APPLICABLE																																																							
7 Body Style TL		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																											
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class																																																							
10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)																																																									
Address (Street, City, State, ZIP)																																																													
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Prsn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>23 Alc. Result</th> <th>24 Drug Spec.</th> <th>25 Drug Result</th> <th>Category</th> </tr> </thead> <tbody> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>								Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	23 Alc. Result	24 Drug Spec.	25 Drug Result	Category	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																			
Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	23 Alc. Result	24 Drug Spec.	25 Drug Result	Category																																												
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																													
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		NEW PRIME INC 2740 MAYFAIR AVE SPRINGFIELD MO 65803																																																									
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ACE AMERICAN INS																																																							
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 10-		FL-3		27 Vehicle Damage Rating 2 -																																																							
Towed By TEXAS TOWING		Towed To TEXAS TOWING																																																											

Electronically Filed  
7/28/2021 11:35 AMHidalgo County District Clerk  
Reviewed By: Alessandra GalvanLaw Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

DISPOSITION OF INJURED/KILLED		Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
67	1	LOCAL HOSPITAL	SELF	/	/		
				/	/		
				/	/		
				/	/		
				/	/		
				/	/		

CHARGES		Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE		Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV		Unit Num.	10,001+ LBS.	TRANSPORTING HAZARDOUS MATERIAL	9+ CAPACITY	CMV Disabling Damage?	Yes	No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
67									1	1	00003706
Carrier's Corp. Name		NEW PRIME INC		Carrier's Primary Addr.		2740 MAYFAIR AVE		SRPINGFIELD MO 65803		30 Veh. Type 8	
31 Bus Type	0	RGVW		GVWR	5,000	HazMat Released	Yes	No	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type 5
Unit Num.	68	RGVW		GVWR	9,000	34 Trlr. Type	2	CMV Disabling Damage?	Yes	No	35 Seq. 1 98
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	Yes	No	Actual Gross Weight	Total Num. Axles:		

36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
								98	3	97	3	2	6	96	

INVESTIGATOR		Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HRMM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	0	1	2	0	2	1		
Invest. Comp.	Yes	Investigator Name (Printed)	HARPER, G.				MARTIN, K				ID Num.	3380-3421												
ORI Num.	TX 22012000				*Agency				FORT WORTH POLICE DEPARTMENT										Service/Region/DA	CENTRAL				

DIAGRAM ON SEPARATE PAGE

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE
Total  
Num. 1 4 8  
Units

Electronically Filed

7/28/2021 11:35 AM  
Hidalgo County District Clerks

Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Reviewed By: Alessandra Galvan

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Page 69 of 149

Refer to Attached Code Sheet for Numbered Fields

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277			
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 69		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. LBK8034		VIN 3C6UR5CL7JG296214					
Veh. Year 2018		6 Veh. Color BLK		Veh. Make DODGE		Veh. Model RAM 2500	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 18034466		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 04/24/1980			
Address (Street, City, State, ZIP) 3509 N JULIET LN FORT WORTH TX 76137							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: GIERISCH EDMUND WILLIAM	
14 Injury Severity B		Age 40		Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		GIERISCH EDMUND WILLIAM		FORT WORTH TX 76137	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name TRAVELERS		Fin. Resp. Num. 6031076732221	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 6-		RD-6		27 Vehicle Damage Rating 2 9-	
LP-6		Vehicle Inventoried <input checked="" type="checkbox"/> No					
Towed By BEARDS TOWING		Towed To BEARDS TOWING					
Unit Num. 70		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. B17558R		VIN 5YFJS4MC EXM P064473					
Veh. Year 2021		6 Veh. Color BLK		Veh. Make TOYOTA		Veh. Model COROLLA	
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 17314524		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 08/28/1971			
Address (Street, City, State, ZIP) 612 WOLLFORD WAY FORT WORTH TX 76131							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: REID GLENN LEWIS JR.	
14 Injury Severity B		Age 49		Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		REID GLENN LEWIS JR		FORT WORTH TX 76131	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name USAA		Fin. Resp. Num. 0419584017101	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 6-	
RD-7		Vehicle Inventoried <input checked="" type="checkbox"/> No					
Towed By BEARDS TOWING		Towed To BEARDS TOWING					

TxDOT Crash ID	
-------------------	--

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Reviewed By: Alessandro Salvati	Time of Death (24HR:MM)										
	69	1	LOCAL HOSPITAL	SELF	/ /												
	70	1	MEDICAL CITY ALLIANCE	MEDSTAR	/ /												
					/ /												
					/ /												
					/ /												
CHARGES	Unit Num.	Prsn. Num.	Charge				Citation/Reference Num.										
DAMAGE	Damaged Property Other Than Vehicles			Owner's Name		Owner's Address											
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.									
	Carrier's Corp. Name			Carrier's Primary Addr.			30 Veh. Type										
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type									
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No									
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles									
FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions								
	Unit #	Contributing		May Have Contrib.	Contributing		May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control			
								- 98	3	97	3	2	6	-96			
NARRATIVE AND DIAGRAM	<div>DIAGRAM ON SEPARATE PAGE</div>																
INVESTIGATOR	Time Notified (24HR:MM)		0 6 2 0		How Notified		DISPATCH		Time Arrived (24HRMM)		0 6 4 0		Report Date (MM/DD/YYYY)		0 3 / 0 1 / 2 0 2 1		
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Investigator Name (Printed): HARPER, G. MARTIN, K						ID Num. 3380-3421								
	ORI Num.		TX 2 2 0 1 2 0 0		*Agency FORT WORTH POLICE DEPARTMENT										Service/Region/DA		CENTRAL

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE ☐ SCHOOL ZONETotal Num. 1, 4, 8  
Total Num. 3, 6, 1  
Electronically Filed 7/28/2021 11:35 AM  
Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Reviewed By: Alessandra Galvan

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Page 71 of 149



\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277			
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/ Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 71		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. 484548C		VIN 1GB2WLE72MF150097					
Veh. Year 2021		6 Veh. Color WHI		Veh. Make CHEVROLET		Veh. Model C2500	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 13336871		9 DL Class C	
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 07/13/1968			
Address (Street, City, State, ZIP) 5633 OAK HAVEN				FORT WORTH TX 76244			
Person Num. 1		12 Prsn. Type 1		13 Seat Position		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line						14 Injury Severity	
15 Age		16 Sex		17 Eject		18 Restr.	
19 Airbag		20 Helmet		21 Sol.		22 Alc. Spec.	
23 Alc. Result		24 Drug Spec.		25 Drug Result		26 Drug Category	
1		1		STEVENSON NICKLAS LEE		B 52 W 1 1 1 5 97 N 96	
						Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.	
<input checked="" type="checkbox"/> Owner		Owner/Lessee Name & Address		A&G PIPING		FORT WORTH TX 76140	
<input type="checkbox"/> Lessee				3124 WICHITA CT			
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired		26 Fin. Resp. Type 1		Fin. Resp. Name EMC INSURANCE		Fin. Resp. Num. 1E56105	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12"		FD-7		27 Vehicle Damage Rating 2 6"	
RD-5		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried <input checked="" type="checkbox"/> No			
Towed By BEARDS TOWING		Towed To BEARDS TOWING					
Unit Num. 72		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. FXK4885		VIN 1FTETX1CM0EKG19893					
Veh. Year 2014		6 Veh. Color WHI		Veh. Make FORD		Veh. Model F150	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 11380573		9 DL Class C	
10 CDL End. N		11 DL Rest. A		DOB (MM/DD/YYYY) 06/22/1984			
Address (Street, City, State, ZIP) 3009 HIGH CHAPARRAL DR				FLOWER MOUND TX 75022			
Person Num. 1		12 Prsn. Type 1		13 Seat Position		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line						14 Injury Severity	
15 Age		16 Sex		17 Eject		18 Restr.	
19 Airbag		20 Helmet		21 Sol.		22 Alc. Spec.	
23 Alc. Result		24 Drug Spec.		25 Drug Result		26 Drug Category	
1		1		GOLWITZER JAY J		99 36 W 1 1 1 5 97 N 96	
						Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.	
<input checked="" type="checkbox"/> Owner		Owner/Lessee Name & Address		THE NELROD CO		FORT WORTH TX 76107	
<input type="checkbox"/> Lessee				3301 WEST FWY			
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired		26 Fin. Resp. Type 1		Fin. Resp. Name TURNBALL INSURANCE		Fin. Resp. Num. 46UUNF5783	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12"		FD-7		27 Vehicle Damage Rating 2 6"	
RD-7		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried <input checked="" type="checkbox"/> No			
Towed By BEARDS TOWING		Towed To BEARDS TOWING					



Time of Death (24HR:MM)	Reviewed By: Alessandra Canavar
----------------------------	---------------------------------

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Reviewed By	Time of Death (24HR:MM)									
	71	1	LOCAL HOSPITAL	SELF	/ /											
					/ /											
					/ /											
					/ /											
					/ /											
CHARGES	Unit Num.	Prsn. Num.	Charge				Citation/Reference Num.									
DAMAGE	Damaged Property Other Than Vehicles			Owner's Name		Owner's Address										
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.							
	Carrier's Corp. Name			Carrier's Primary Addr.			30 Veh. Type									
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type							
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?							
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:							
	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)			Environmental and Roadway Conditions								
FACTORS & CONDITIONS	Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control				
						98	3	97	3	2	6	96				
NARRATIVE AND DIAGRAM																
													DIAGRAM ON SEPARATE PAGE			
INVESTIGATOR	Time Notified (24HR:MM)		0 6 2 0		How Notified		DISPATCH		Time Arrived (24HR:MM)		0 6 4 0		Report Date (MM/DD/YYYY)		0 3 / 0 1 / 2 0 2 1	
	Invest. Comp.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Investigator Name (Printed)		HARPER, G.		MARTIN, K		ID Num.		3380-3421			
	ORI Num.		TX 2 2 0 1 2 0 0		Agency		FORT WORTH POLICE DEPARTMENT		Service/Region/DA		CENTRAL					



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE ☐ SCHOOL ZONE
Total  
Num. 1 4 8  
Units

Electronically Filed

7/28/2021 11:35 AM

Hidalgo County District Clerks

Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Reviewed By: Alessandra Galvan

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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Refer to Attached Code Sheet for Numbered Fields

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit	
Const. Zone <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.			
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 73		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. LPS5582		VIN 2GCG2CRJG2K1136468					
Veh. Year 2019		6 Veh. Color WHI		Veh. Make CHEVROLET		Veh. Model SILVERADO C2500	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 42901177		9 DL Class C	
10 CDL End. N		11 DL Rest. A		DOB (MM/DD/YYYY) 05/13/1977			
Address (Street, City, State, ZIP) 5904 FANTAIL DR FORT WORTH TX 76179							
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line							
1		1		1		KIND JAMES LEE	
14 Injury Severity		Age		15 Ethnicity		16 Sex	
17 Eject		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.	
24 Drug Result		25 Drug Category					
99		43		W		1	
1		1		1		5	
97		N		96		96	
97		97		97		97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner		Owner/Lessee Name & Address		AUTOMATIC SPRINKLER OF TEXAS		DUNCANVILLE TX 75137	
<input type="checkbox"/> Lessee				1147 SOUTH CEDAR RIDGE			
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired		26 Fin. Resp. Type 1		Fin. Resp. Name ACUITY		Fin. Resp. Num. ZG0088	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 -	
Towed By BEARDS TOWING		Towed To BEARDS TOWING				Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Unit Num. 74		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. SNDMAN7		VIN 1C6RRJ6KJN898748					
Veh. Year 2019		6 Veh. Color GRY		Veh. Make DODGE		Veh. Model RAM 1500	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 14865791		9 DL Class C	
10 CDL End. TX		11 DL Rest. 96		DOB (MM/DD/YYYY) 03/01/1973			
Address (Street, City, State, ZIP) 12824 CAMPOLINA WAY FORT WORTH TX 76244							
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line							
1		1		1		SPINKS TIMOTHY SHANE	
14 Injury Severity		Age		15 Ethnicity		16 Sex	
17 Eject		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.	
24 Drug Result		25 Drug Category					
B		47		W		1	
1		1		1		99	
97		N		96		96	
97		97		97		97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner		Owner/Lessee Name & Address		SPINKS TIMOTHY SHANE		FORT WORTH TX 76244	
<input type="checkbox"/> Lessee				12824 CAMPOLINA WAY			
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired		26 Fin. Resp. Type 1		Fin. Resp. Name FARMERS INSURANCE		Fin. Resp. Num. 43573511	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 8-		BL-3		27 Vehicle Damage Rating 2 -	
Towed By BEARDS TOWING		Towed To BEARDS TOWING				Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Electronically Filed  
7/28/2021 11:35 AMLaw Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDPage 74 of 149  
Hidalgo County District Clerk  
Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)								
	74	1	LOCAL HOSP	SELF	/ /									
					/ /									
					/ /									
					/ /									
					/ /									
CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.										
DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address									
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type				
	Carrier's Corp. Name		Carrier's Primary Addr.											
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type					
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:					
FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
								98	3	97	3	2	6	96
NARRATIVE AND DIAGRAM	<p style="text-align: center;">DIAGRAM ON SEPARATE PAGE</p>													
INVESTIGATOR	Time Notified (24HR:MM)	0 6 2 0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0 6 4 0	Report Date (MM/DD/YYYY)	0 3 / 0 1 / 2 0 2 1						
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	HARPER, G. MARTIN, K	ID Num.	3380-3421								
	ORI Num.	T X 2 2 0 1 2 0 0	*Agency	FORT WORTH POLICE DEPARTMENT	Service/Region/DA	C E N T R L								

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE ☐ SCHOOL ZONE
Total  
Num. 1 4 8  
UnitsTotal  
Num. 7/28/2021 11:35 AM  
Prsn. 136

Electronically Filed

Hidalgo County District Clerks

Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Reviewed By: Alessandra Galvan

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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Refer to Attached Code Sheet for Numbered Fields

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277			
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> No		Street Desc.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 75		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State IN	
LP Num. L727172		VIN 1XPBBD49X0FD285092					
Veh. Year 2015		6 Veh. Color BLK		Veh. Make PETERBILT		Veh. Model UNKNOWN	
7 Body Style TT		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 37498103		9 DL Class A	
10 CDL End. N		11 DL Rest. 96		DOB (MM/DD/YYYY) 05/25/1987			
Address (Street, City, State, ZIP) 117 MEADOW VIEW LN ANNA TX 75409							
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity		Age		15 Ethnicity	
16 Sex		17 Eject.		18 Restr.		19 Airbag	
20 Helmet		21 Sol.		22 Alc. Spec.		23 Alc. Result	
24 Drug Spec.		25 Drug Result		26 Drug Category			
1		1		1		RIVERA ANTONIO DE JESUS	
B		33		H		1	
1		1		1		1	
97		N		96		96	
97		97		97		97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		ALTON LOGISTICS LLC		ANNA TX 75409	
117 MEADOW VIEW LN		Fin. Resp. Name WESCO INS		Fin. Resp. Num. WMC1816266			
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		27 Vehicle Damage Rating 1 12"		27 Vehicle Damage Rating 2 -	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12"		FD-5		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By MILNER TOWING		Towed To MILNER TOWING					
Unit Num. 76		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. 093B838		VIN 1JJJ V532W6XL582308					
Veh. Year 1999		6 Veh. Color WHI		Veh. Make WABASH NATIONAL CORP		Veh. Model NOT APPLICABLE	
7 Body Style TL		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class	
10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP)							
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity		Age		15 Ethnicity	
16 Sex		17 Eject.		18 Restr.		19 Airbag	
20 Helmet		21 Sol.		22 Alc. Spec.		23 Alc. Result	
24 Drug Spec.		25 Drug Result		26 Drug Category			
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		ALTON LOGISTICS LLC		ANNA TX 75409	
117 MEADOW VIEW LN		Fin. Resp. Name WESCO		Fin. Resp. Num. WMC1816266			
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		27 Vehicle Damage Rating 1 4"		27 Vehicle Damage Rating 2 -	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 4"		BR-3		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By MILNER		Towed To MILNER					

TxDOT Crash ID	
-------------------	--

DISPOSITION OF INJURED/KILLED		Unit Num.	Prsn. Num.	Taken To		Taken By		Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)										
		75	1	PERSONAL DR		SELF		/ /												
								/ /												
								/ /												
								/ /												
								/ /												
CHARGES	Unit Num.	Prsn. Num.	Charge							Citation/Reference Num.										
DAMAGE	Damaged Property Other Than Vehicles				Owner's Name				Owner's Address											
CMV	Unit Num.	75	<input checked="" type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	1	29 Carrier ID Type	1	Carrier ID Num.	02819533							
	Carrier's Corp. Name	ALTON LOGISTICS LLC				Carrier's Primary Addr.	117-MEADOW VIEW LN				ANNA TX 75409		30 Veh. Type	8						
	31 Bus Type	0	<input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GVWR	51200	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.		HazMat ID Num.		32 HazMat Class Num.		HazMat ID Num.		33 Cargo Body Type	3				
	Unit Num.	76	<input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GVWR	68000	34 Trlr. Type	2	CMV Disabling Damage?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.		<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		34 Trlr. Type		CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	Sequence Of Events	35 Seq. 1	98	35 Seq. 2		35 Seq. 3		35 Seq. 4		Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Actual Gross Weight		Total Num. Axles:						
FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)					37 Vehicle Defects (Investigator's Opinion)					Environmental and Roadway Conditions									
	Unit #	Contributing		May Have Contrib.		Contributing		May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control				
										98	3	97	3	2	6	96				
NARRATIVE AND DIAGRAM	<div>DIAGRAM ON SEPARATE PAGE</div>																			
INVESTIGATOR	Time Notified (24HR:MM)		0620		How Notified		DISPATCH		Time Arrived (24HRMM)		0640		Report Date (MM/DD/YYYY)				03/01/2021			
	Invest. Comp.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Investigator Name (Printed)		HARPER, G. MARTIN, K		ID Num.		3380-3421		Service/Region/DA				CENTRL			
ORI Num.		TX2201200		*Agency		FORT WORTH POLICE DEPARTMENT														

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total  
Num. 1 4 8  
Units

 Total  
Num. 3 6 1  
Prsn

Electronically Filed

7/28/2021 3:35 AM

Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 77 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277			
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 77		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. MDX5470		VIN 3GCPCEC4JG644031					
Veh. Year 2018		6 Veh. Color BLK		Veh. Make CHEVROLET		Veh. Model C1500	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 33939371		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 10/21/1994			
Address (Street, City, State, ZIP) 2821 AIRPORT FWY #616		BEDFORD TX 76021					
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: Last, First, Middle WILLIAMS CALEB TITUS	
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity A		Age 26		15 Ethnicity W	
16 Sex 1		17 Eject. 1		18 Restr. 1		19 Airbag 5	
20 Helmet 97		21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Result 97		26 Drug Category 97			
Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address WILLIAMS CALEB TITUS		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		27 Vehicle Damage Rating 1 12-		FR-4		27 Vehicle Damage Rating 2 6-	
FC-4		Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Towed By UNKNOWN		Towed To UNKNOWN					
Unit Num. 78		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. K069590		VIN 1FD8W3H64HEE73499					
Veh. Year 2017		6 Veh. Color WHI		Veh. Make FORD		Veh. Model F350	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99	
10 CDL End. 99		11 DL Rest. 99		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP) UNKNOWN		UNKNOWN UN UNK					
Person Num. 1		12 Psn. Type 99		13 Seat Position 99		Name: Last, First, Middle UNKNOWN UNKNOWN UNK	
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity 99		Age 99		15 Ethnicity 99	
16 Sex 99		17 Eject. 1		18 Restr. 99		19 Airbag 1	
20 Helmet 97		21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Result 97		26 Drug Category 97			
Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address MERCHANTS AUTOMOTIVE GROUP		26 Fin. Resp. Type 1		Fin. Resp. Name ACE PROPERTY	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		27 Vehicle Damage Rating 1 2-		FR-2		27 Vehicle Damage Rating 2 12-	
FC-2		Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Towed By DRIVEN BY OWNER		Towed To HOME					



Electronically Filed  
7/28/2021 11:35 AMLaw Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDHidalgo County District Clerk  
Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	77	1	PERSONAL DR	SELF	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	Carrier's Corp. Name	Carrier's Primary Addr.								
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat-- Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
										98	3	97	3	2	6	96

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE															

INVESTIGATOR	Time Notified (24HR:MM)	How Notified	Time Arrived (24HR:MM)	Report Date (MM/DD/YYYY)
	0 6 2 0	DISPATCH	0 6 4 0	0 3 / 0 1 / 2 0 2 1
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) HARPER, G. MARTIN, K	ID Num. 3380-3421	Service/ Region/DA C E N T R L

ORI Num.	Agency
T X 2 2 0 1 2 0 0	FORT WORTH POLICE DEPARTMENT



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Units 1 4 8  
 Total Num. 7/28/2021 11:35 AM  
 Units 1 4 8  
 Electronic Filed  
 Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 79 of 149

Refer to Attached Code Sheet for Numbered Fields

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																																					
*County Name TARRANT				*City Name FORT WORTH																																							
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277		<input type="checkbox"/> Outside City Limit																																					
ROAD ON WHICH CRASH OCCURRED																																											
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600																																					
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																					
<input type="checkbox"/> Workers Present		<input checked="" type="checkbox"/> No		Street Desc.		4 Street Suffix																																					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																											
At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. Sys. LR		2 Rdwy. Part 1		Block Num. 2500																																					
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker																																					
Street Desc. HWY		RRX Num.		Street Name 28TH		4 Street-Suffix ST																																					
Unit Num. 79		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX																																					
Veh. Year 2013		6 Veh. Color WHI		Veh. Make KIA		VIN K N A G M 4 A D X D 5 0 4 3 0 8 3																																					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 33759253		9 DL Class C																																					
10 CDL End. 96		11 DL Rest A		DOB (MM/DD/YYYY) 11/01/1987		7 Body Style P4																																					
Address (Street, City, State, ZIP) 10041 TULARE LN FORT WORTH TX 76177																																											
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line																																											
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Psn. Type</th> <th>13 Seat Position</th> <th>Name</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>ST PIERRE JORDAN JENAE</td> <td>B</td> <td>33</td> <td>W</td> <td>2</td> <td>1</td> <td>1</td> <td>1</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> </tbody> </table>								Person Num.	12 Psn. Type	13 Seat Position	Name	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	ST PIERRE JORDAN JENAE	B	33	W	2	1	1	1	97	N	96		96	97	97
Person Num.	12 Psn. Type	13 Seat Position	Name	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																										
1	1	1	ST PIERRE JORDAN JENAE	B	33	W	2	1	1	1	97	N	96		96	97	97																										
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																											
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee																																											
Owner/Lessee Name & Address ST PIERRE JORDAN JENAE 10041 TULARE LN FORT WORTH TX 76177																																											
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt																																											
26 Fin. Resp. Type 1																																											
Fin. Resp. Name PROGRESSIVE																																											
Fin. Resp. Num. 911971051																																											
27 Vehicle Damage Rating 1 12- FD-3																																											
27 Vehicle Damage Rating 2 6- RD-3																																											
Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																											
Towed By DRIVER Towed To HOME																																											
Unit Num. 80		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX																																					
Veh. Year 2020		6 Veh. Color WHI		Veh. Make DODGE		VIN 3 C 6 3 R R H L 2 L G 2 0 1 0 5 5																																					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 26083910		9 DL Class CM																																					
10 CDL End. N		11 DL Rest A		DOB (MM/DD/YYYY) 04/20/1964		7 Body Style PK																																					
Address (Street, City, State, ZIP) 115 SIERRA TR JUSTIN TX 76247																																											
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line																																											
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Psn. Type</th> <th>13 Seat Position</th> <th>Name</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>KEY TAB ANTHONY</td> <td>N</td> <td>56</td> <td>W</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> </tbody> </table>								Person Num.	12 Psn. Type	13 Seat Position	Name	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	KEY TAB ANTHONY	N	56	W	1	1	1	1	97	N	96		96	97	97
Person Num.	12 Psn. Type	13 Seat Position	Name	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																										
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<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee																																											
Owner/Lessee Name & Address KEY TAB ANTHONY 115 SIERRA TR JUSTIN TX 76247																																											
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt																																											
26 Fin. Resp. Type 1																																											
Fin. Resp. Name PROGRESSIVE																																											
Fin. Resp. Num. 939764004																																											
27 Vehicle Damage Rating 1 4- RBQ-5																																											
27 Vehicle Damage Rating 2 6- RD-4																																											
Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																											
Towed By OWNER Towed To HOME																																											

Electronically Filed  
7/28/2021 11:35 AMLaw Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDPage 80 of 149  
Hidalgo County District Clerk  
Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	79	1	LOCAL HOSPITAL	SELF	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type	
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.		32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight		Total Num. Axles:	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
									98	3	97	3	2	6	96

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE													

INVESTIGATOR	Time Notified (24HR:MM)				How Notified	Time Arrived (24HR:MM)				Report Date (MM/DD/YYYY)									
		0	6	2	0	DISPATCH		0	6	4	0	0	3	0	1	2	0	2	1
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed): HARPER, G. MARTIN, K				ID Num. 3380-3421				Service/Region/DA C E N T R L									

ORI Num.	Agency
T X 2 2 0 1 2 0 0	FORT WORTH POLICE DEPARTMENT

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Total Num. 7/28/2021 3:13:50 AM  
 Units 1 3 6 1  
 Prsn. Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 81 of 149

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

★Crash Date (MM/DD/YYYY) 02/11/2021		★Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
★County Name TARRANT				★City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277			
ROAD ON WHICH CRASH OCCURRED							
★1 Rdwy. Sys. TL		★Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		★Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 81		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State CO	
LP Num. VQQ208		VIN J N 8 A Z 1 M W 6 D W 3 0 4 7 4 6					
Veh. Year 2013		6 Veh. Color SIL		Veh. Make NISSAN		Veh. Model MURANO	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State CO		DL/ID Num. 022810789		9 DL Class 98	
10 CDL End. 98		11 DL Rest. 98		DOB (MM/DD/YYYY) 02/20/1980			
Address (Street, City, State, ZIP) 613 WINTER DR EVERMAN TX 76140							
Name: Last, First, Middle- Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		14 Injury Severity B	
15 Age 40		16 Sex B		17 Eject. 1		18 Restr. 1	
19 Airbag 5		20 Helmet 97		21 Sol. N		22 Alc. Spec. 96	
23 Drug Spec. 96		24 Drug Result 97		25 Drug Result 97		Category	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address		HIRZEL DOMINIQUE R 861 VICTOR ST AURORA CO 80016					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name UNKNOWN	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 7-		BL-7		27 Vehicle Damage Rating 2 12-	
FD-6		Vehicle Inventoried <input checked="" type="checkbox"/> No					
Towed By MILNER TOWING		Towed To MILNER TOWING					
Unit Num. 82		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. BJR0358		VIN 5 F N R L 5 H 6 4 B B 0 6 4 0 1 7					
Veh. Year 2011		6 Veh. Color GRY		Veh. Make HONDA		Veh. Model ODYSSEY	
7 Body Style VN		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 09947467		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 05/17/1979			
Address (Street, City, State, ZIP) 9709 FURMAN CT FORT WORTH TX 76244							
Name: Last, First, Middle- Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		14 Injury Severity B	
15 Age 41		16 Sex W		17 Eject. 2		18 Restr. 1	
19 Airbag 5		20 Helmet 97		21 Sol. N		22 Alc. Spec. 96	
23 Drug Spec. 96		24 Drug Result 97		25 Drug Result 97		Category	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address		BERGMAN GRETCHEN 9709 FURMAN CT FORT WORTH TX 76244					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name USAA	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 6-		RD-7		27 Vehicle Damage Rating 2 12-	
FD-7		Vehicle Inventoried <input checked="" type="checkbox"/> No					
Towed By MILNER TOWING		Towed To MILNER TOWING					

Electronically Filed  
7/28/2021 11:35 AM

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Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDHidalgo County District Clerk  
Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	81	1		LOCAL HOSPITAL	FAMILY	/ /
82	1		PERSONAL DR	SELF	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	31 Bus Type	<input type="checkbox"/> RGWW	<input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
Unit Num.	<input type="checkbox"/> RGWW	<input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW	<input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
									98	3	97	3	2	6	96	

NARRATIVE AND DIAGRAM	Time Notified (24HR:MM)		How Notified	Time Arrived (24HR:MM)		Report Date (MM/DD/YYYY)	
		0620	DISPATCH	0640	03/01/2021		

INVESTIGATOR	Invest. Comp.	Investigator Name (Printed)	Agency	ID Num.	Service/Region/DA
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HARPER, G.	MARTIN, K	FORT WORTH POLICE DEPARTMENT	3380-3421

DIAGRAM ON SEPARATE PAGE

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE
Total  
Num. 1 4 8  
UnitsElectronically Filed  
7/28/2021 11:35 AM  
Total  
Num. 3 6  
Prsn Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 83 of 149

Refer to Attached Code Sheet for Numbered Fields

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																																																												
	*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit																																																										
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																																																														
	ROAD ON WHICH CRASH OCCURRED																																																																		
VEHICLE, DRIVER, & PERSONS	*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600		3 Street Prefix		*Street Name		4 Street Suffix																																																						
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll-Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> No		Workers Present <input checked="" type="checkbox"/> No		Street Desc.																																																						
	INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																																		
	At Int. <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																																																				
	Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker		Street Desc. HWY		RRX Num.																																																								
	Unit Num. 83		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State TX		LP Num. 2XD627		VIN 3ALXFB004GDHT7607																																																						
	Veh. Year 2016		6 Veh. Color RED		Veh. Make FREIGHTLINER		Veh. Model UNKNOWN		7 Body Style TT		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																								
	8 DL/ID Type 1		DL/ID State OK		DL/ID Num. M082165731		9 DL Class 98		10 CDL End. 98		11 DL Rest. 98		DOB (MM/DD/YYYY) 12/20/1958																																																						
	Address (Street, City, State, ZIP) PO BOX 984 TUTTLE OK 73089																																																																		
	<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Psn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>SHORT DAVID JAMES</td> <td>N</td> <td>62</td> <td>W</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>														Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	SHORT DAVID JAMES	N	62	W	1	1	1	1	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																
Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																																		
1	1	1	SHORT DAVID JAMES	N	62	W	1	1	1	1	97	N	96		96	97	97																																																		
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																																			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		WHB TRANSPORTATION L PB BOX 725 TUTTLE OK 73089																																																															
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ACE AMERICA				Fin. Resp. Num. ISAH25311668																																																											
Fin. Resp. Phone Num.				27 Vehicle Damage Rating 1 7- LFG-4				27 Vehicle Damage Rating 2 -				Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																							
Towed By DRIVEN BY DRIVER				Towed To HOME																																																															
VEHICLE, DRIVER, & PERSONS	Unit Num. 84		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State OK		LP Num. 1265LJ		VIN 1GRAA9624CB707454																																																						
	Veh. Year 2012		6 Veh. Color RED		Veh. Make GREAT DANE TRAILERS		Veh. Model NOT APPLICABLE		7 Body Style TL		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																								
	8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class		10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)																																																						
	Address (Street, City, State, ZIP)																																																																		
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	Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																																	
	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																																		
	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		WHB TRANSPORTATION L PO BOX 725 TUTTLE OK 73089																																																														
	Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ACE AMERICA				Fin. Resp. Num. ISAH25311668																																																										
	Fin. Resp. Phone Num.				27 Vehicle Damage Rating 1 6- BL-2				27 Vehicle Damage Rating 2 -				Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																						
Towed By DRIVEN				Towed To DRIVER																																																															



Electronically Filed  
7/28/2021 11:35 AMLaw Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDHidalgo County District Clerk  
Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
					/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	10,001+ LBS.	TRANSPORTING HAZARDOUS MATERIAL	9+ CAPACITY	CMV Disabling Damage?	Yes	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	
	83	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No	1	1	01361989
	Carrier's Corp. Name WHB TRANSPORTATION									
	Carrier's Primary Addr. PO BOX 984 TUTTLE OK 73089									
	30 Veh. Type 8									

CMV	Unit Type	RGWW	GVWR	5,000	HazMat Released	Yes	No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
	0	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5,000	<input type="checkbox"/>	<input type="checkbox"/>	No					3
	Unit Num.	84	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6,800	34 Trlr. Type	2	CMV Disabling Damage?	<input checked="" type="checkbox"/>	No	Unit Num.	
	Sequence Of Events	35 Seq. 1	98	35 Seq. 2		35 Seq. 3		35 Seq. 4		Intermodal Shipping Container Permit	<input checked="" type="checkbox"/>	No
	Actual Gross Weight											

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
										98	3	97	3	2	6	96

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE														

INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	/	0	1	/	2	0	2	1	
	Invest. Comp.	<input checked="" type="checkbox"/>	Yes																					
	Investigator Name (Printed)	HARPER, G. MARTIN, K																						
ORI Num.	TX 2201200												Agency	FORT WORTH POLICE DEPARTMENT					ID Num.	3380-3421				
Service/ Region/DA	CENTRAL																							



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Units 1 3 6  
 Total Num. 7/28/2021 11:35 AM  
 Prsn. Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 85 of 149

Refer to Attached Code Sheet for Numbered Fields

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use		
*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277				
ROAD ON WHICH CRASH OCCURRED								
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600		
3 Street Prefix		*Street Name		4 Street Suffix				
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> No		
Workers <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.						
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER								
At <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1-Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST		
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker		
Street Desc. HWY		RRX Num.						
Unit Num. 85		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		
LP Num. KWK0164		VIN K L 7 C J K S B 6 J B 5 5 9 5 6 1						
Veh. Year 2018		6 Veh. Color WHI		Veh. Make CHEVROLET		Veh. Model TRAX		
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)						
8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99		
10 CDL End. 99		11 DL Rest. 99		DOB (MM/DD/YYYY)				
Address (Street, City, State, ZIP)								
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line								
Person Num. 1		12 Psn. Type 99		13 Seat Position 99		14 Injury Severity 99		
Age 99		15 Ethnicity 99		16 Sex 99		17 Eject. 1		
18 Restr. 99		19 Airbag 5		20 Helmet 97		21 Sol. N		
22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96		24 Drug Result 97		
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.						
<input checked="" type="checkbox"/> Owner- Lessee Owner/Lessee Name & Address GARCIA DAVID LEE 10209 FOSSIL VALLEY DR FORT WORTH TX 76131								
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name GEICO		Fin. Resp. Num. 4374768887		
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 6- RD-7		27 Vehicle Damage Rating 2 12- FD-7		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Towed By MILNER TOWING		Towed To MILNER TOWING						
Unit Num. 86		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		
LP Num. NVV4256		VIN 5 N 1 A T 2 M N 5 G C 8 4 9 8 4 8						
Veh. Year 2016		6 Veh. Color SIL		Veh. Make NISSAN		Veh. Model MURANO		
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)						
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 45956159		9 DL Class C		
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 06/19/1993				
Address (Street, City, State, ZIP) 3820 VILLA FLORIA DR #2101 FORT WORTH TX 76137								
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line								
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		14 Injury Severity B		
Age 27		15 Ethnicity B		16 Sex 1		17 Eject. 1		
18 Restr. 1		19 Airbag 5		20 Helmet 97		21 Sol. N		
22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96		24 Drug Result 97		
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.						
<input checked="" type="checkbox"/> Owner- Lessee Owner/Lessee Name & Address OLOFINKUA OLUWAKEMI B 3820 VILLA FLORIA DR #2101 FORT WORTH TX 76137								
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name GEICO		Fin. Resp. Num. 4542141652		
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 6- RD-7		27 Vehicle Damage Rating 2 7- BL-7		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Towed By MILNER TOWING		Towed To MILNER TOWING						

Electronically Filed  
7/28/2021 11:35 AMLaw Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDHidalgo County District Clerk  
Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)						
	86	1	MEDICAL CITY FW	MEDSTAR 56	/ /							
					/ /							
					/ /							
					/ /							
					/ /							
CHARGES	Unit Num.	Prsn. Num.	Charge-	Citation/Reference Num.								
DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address							
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.				
	Carrier's Corp. Name		Carrier's Primary Addr.		30 Veh. Type							
	31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type				
	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:				
	36 Contributing Factors (Investigator's Opinion)		37 Vehicle Defects (Investigator's Opinion)		Environmental and Roadway Conditions							
FACTORS & CONDITIONS	Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
						98	3	97	3	2	6	96
NARRATIVE AND DIAGRAM	<p style="text-align: center;">DIAGRAM ON SEPARATE PAGE</p>											
INVESTIGATOR	Time Notified (24HR:MM)	0 6 2 0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0 6 4 0	Report Date (MM/DD/YYYY)	0 3 / 0 1 / 2 0 2 1				
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	HARPER, G.	MARTIN, K	ID Num.	3380-3421						
	ORI Num.	T X 2 2 0 1 2 0 0	*Agency	FORT WORTH POLICE DEPARTMENT	Service/Region/DA	C E N T R L						

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE ☐ SCHOOL ZONE
Total  
Num. 1 4 8  
UnitsTotal  
Num. 7/28/2021 11:35 AM  
Prsn. Hidalgo County District Clerks

Electronically Filed

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 87 of 149

Refer to Attached Code Sheet for Numbered Fields

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277			
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 87		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. HPY0073		VIN 3GCPCE6G137530					
Veh. Year 2016		6 Veh. Color SIL		Veh. Make CHEVROLET		Veh. Model C1500	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 08841516		9 DL Class A	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 02/15/1962			
Address (Street, City, State, ZIP) 5013 MARBLE FALLS RD FORT WORTH TX 76103							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity B		Age 58		15 Ethnicity W	
16 Sex 1		17 Eject. 1		18 Restr. 1		19 Airbag 5	
20 Helmet 97		21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		WARD TIMBER LTD		LINDEN TX 75563	
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		10- LBQ-7		27 Vehicle Damage Rating 2 -	
Towed By EDDS TOWING		Towed To EDDS TOWING					
Unit Num. 88		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. MLH1465		VIN 4T1B21HK8KU513602					
Veh. Year 2019		6 Veh. Color BLK		Veh. Make TOYOTA		Veh. Model CAMRY	
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99	
10 CDL End. 99		11 DL Rest. 99		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP) UNKNOWN UNKNOWN UNK							
Person Num. 1		12 Psn. Type 99		13 Seat Position 99		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity 99		Age 99		15 Ethnicity 99	
16 Sex 99		17 Eject. 1		18 Restr. 1		19 Airbag 5	
20 Helmet 97		21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		LEASE PLAN USA INC		ALPHARETTA GA 30009	
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name SENTRY	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		3- RP-7		27 Vehicle Damage Rating 2 9- LFQ-7	
Towed By BEARDS TOWING		Towed To BEARDS TOWING					

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7/28/2021 11:35 AM

Hidalgo County District Clerk

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Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)																	
	87	1	PERSONAL DR	SELF	/ /																		
					/ /																		
					/ /																		
					/ /																		
					/ /																		
CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.																			
DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address																			
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type														
	Carrier's Corp. Name		Carrier's Primary Addr.																				
	31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type															
	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No															
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:															
	36 Contributing Factors (Investigator's Opinion)		37 Vehicle Defects (Investigator's Opinion)		Environmental and Roadway Conditions																		
FACTORS & CONDITIONS	Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control											
						98	3	97	3	2	6	96											
NARRATIVE AND DIAGRAM	<p style="text-align: center;">DIAGRAM ON SEPARATE PAGE</p>																						
INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	/	0	1	/	2	0	2	1
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)				HARPER, G.				MARTIN, K				ID Num.				3380-3421					
	ORI Num.	TX 22012000				*Agency				FORT WORTH POLICE DEPARTMENT				Service/Region/DA				CENTRAL					

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. Units 1 4 8  
 Total Num. Prsn 7/28/2021 11:36 AM  
 Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 89 of 149

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Workers Present		<input checked="" type="checkbox"/> No		Street Desc.		4 Street Suffix	
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Markers		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 89		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. LYT4887		VIN 2T2Z2MCA2JC097181					
Veh. Year 2018		6 Veh. Color BLU		Veh. Make LEXUS		Veh. Model RX 350	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 13360969		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 12/22/1985			
Address (Street, City, State, ZIP) 2148 BIGGS ST FORT WORTH TX 76177							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle	
14 Injury Severity B		Age 35		15 Ethnicity W		16 Sex 2	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address		FILBERT ASTYN MARIE 2148-BIGGS ST FORT WORTH TX 76177					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name GEICO	
27 Vehicle Damage Rating 1 4-		RD-7		27 Vehicle Damage Rating 2 9-		LD-7	
Vehicle Inventoried <input checked="" type="checkbox"/> No							
Towed By MILNER TOWING				Towed To MILNER TOWING			
Unit Num. 90		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. FMS2046		VIN 1F1T7W2B15F1C79120					
Veh. Year 2015		6 Veh. Color BRO		Veh. Make FORD		Veh. Model F250	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 25099803		9 DL Class C	
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 04/17/1991			
Address (Street, City, State, ZIP) 2529 FOREST PARK BL FORT WORTH TX 76110							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle	
14 Injury Severity B		Age 29		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address		YATES MELISSA 10 BRITTANY LN ODESSA TX 79761					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ALLSTATE	
27 Vehicle Damage Rating 1 9-		LP-7		27 Vehicle Damage Rating 2 12-		FD-5	
Vehicle Inventoried <input checked="" type="checkbox"/> No							
Towed By ABC WRECKER				Towed To ABC WRECKER			



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Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDHidalgo County District Clerk  
Reviewed By: Alessandra Garvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	89	1		LOCAL DR	SELF	/ /
90	1		PERSONAL DR	SELF	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	31 Bus Type		<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
Unit Num.		<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
									98	3	97	3	2	6	96	

NARRATIVE AND DIAGRAM	Time Notified (24HR:MM)		How Notified	Time Arrived (24HR:MM)		Report Date (MM/DD/YYYY)	
		0620	DISPATCH	0640	03/01/2021		

INVESTIGATOR	Invest. Comp.	Investigator Name (Printed)	ID Num.	Service/Region/DA
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HARPER, G. MARTIN, K	3380-3421	CENTRAL

ORI Num.	Agency
TX2201200	FORT WORTH POLICE DEPARTMENT

DIAGRAM ON SEPARATE PAGE



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Units \_\_\_\_\_  
 Total Num. 3 6  
 Present \_\_\_\_\_  
 Hidalgo County District Clerks

Electronically Filed

7/28/2021 11:35 AM

Hidalgo County District Clerks

Reviewed By: Alessandra Galvan

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 Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)  
 Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																																																							
*County Name TARRANT				*City Name FORT WORTH																																																									
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277		<input type="checkbox"/> Outside City Limit																																																							
ROAD ON WHICH CRASH OCCURRED																																																													
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600																																																							
3 Street Prefix		*Street Name		4 Street Suffix																																																									
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																							
Workers <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.																																																											
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																													
At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1																																																							
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																																																							
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker																																																							
Street Desc. HWY		RRX Num.																																																											
Unit Num. 91		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State AR																																																							
LP Num. K810553		VIN 1FUJHHR5KLR9435																																																											
Veh. Year 2019		6 Veh. Color GRAY		Veh. Make FREIGHTLINER		Veh. Model CASCADIA 125																																																							
7 Body Style TT		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																											
8 DL/ID Type 1		DL/ID State MX		DL/ID Num. NVOL072175		9 DL Class 98																																																							
10 CDL End. 98		11 DL Rest. 98		DOB (MM/DD/YYYY) 04/02/1989																																																									
Address (Street, City, State, ZIP) 6-DE NOVIEMBRE 212		6000 NL 6000		MX NL6000																																																									
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Psn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>ZUIGA-GUEVARA VICTOR ROGELIO</td> <td>C</td> <td>31</td> <td>H</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td>2</td> <td>2</td> <td>3</td> <td>PATINO PEDRO</td> <td>C</td> <td>43</td> <td>H</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>97</td> <td>N</td> <td colspan="5">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>								Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	ZUIGA-GUEVARA VICTOR ROGELIO	C	31	H	1	1	1	1	97	N	96		96	97	97	2	2	3	PATINO PEDRO	C	43	H	1	1	1	1	97	N	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.				
Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																												
1	1	1	ZUIGA-GUEVARA VICTOR ROGELIO	C	31	H	1	1	1	1	97	N	96		96	97	97																																												
2	2	3	PATINO PEDRO	C	43	H	1	1	1	1	97	N	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address RICH TRANSPORT LLC 6011 SCOTT HAMMILTON DR		LITTLE ROCK AR 72209																																																									
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name UNITED SPECIALTY INS CO		Fin. Resp. Num. EEXBRS0010																																																							
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 5- RBQ-3		27 Vehicle Damage Rating 2 -		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																							
Towed By BEARDS TOWING		Towed To RICH TRANSPORT 4444 IRVING BLVD																																																											
Unit Num. 92		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State OK																																																							
LP Num. 1880LT		VIN 3H3V532C9GT361064																																																											
Veh. Year 2016		6 Veh. Color WHI		Veh. Make HYUNDAI STEEL INDUSTRIES		Veh. Model NOT APPLICABLE																																																							
7 Body Style TL		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																											
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class																																																							
10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)																																																									
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<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address RICH TRANSPORT LLC 6011 SCOTT HAMMILTON DR		LITTLE ROCK AR 72209																																																									
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name UNITED SPECIALTY INS		Fin. Resp. Num. EEXBRS0010																																																							
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 11- LFQ-2		27 Vehicle Damage Rating 2 -		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																							
Towed By BEARDS TOWING		Towed To RICH TRANSPORT 4444 IRVING BL																																																											

Electronically Filed  
7/28/2021 11:35 AMLaw Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDHidalgo County District Clerk  
Reviewed By: Alessandra Garhan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	91	1		LOCAL DR	SELF	/ /
91	2		LOCAL DR	SELF	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	10,001+ LBS.	TRANSPORTING HAZARDOUS MATERIAL	9+ CAPACITY	CMV Disabling Damage?	Yes	No	28 Veh. Oper.	1	29 Carrier ID Type	1	Carrier ID Num.	00305789																																														
	31 Bus Type	0	<input type="checkbox"/> RGWV	5,2,3,5,0	<input checked="" type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes	<input type="checkbox"/> No	32 HazMat Class Num.		HazMat ID Num.		33 Cargo Body Type	3																																													
Unit Num.	92	<input type="checkbox"/> RGWV	6,8,0,0,0	<input checked="" type="checkbox"/> GVWR	34 Trlr. Type	2	CMV Disabling Damage?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Unit Num.		34 Trlr. Type																																															
Sequence Of Events	35 Seq. 1	98	35 Seq. 2		35 Seq. 3		35 Seq. 4		Intermodal Shipping Container Permit	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Actual Gross Weight																																															
<table border="1"> <thead> <tr> <th colspan="4">36 Contributing Factors (Investigator's Opinion)</th> <th colspan="4">37 Vehicle Defects (Investigator's Opinion)</th> <th colspan="8">Environmental and Roadway Conditions</th> </tr> <tr> <th>Unit #</th> <th>Contributing</th> <th>May Have Contrib.</th> <th></th> <th>Contributing</th> <th>May Have Contrib.</th> <th></th> <th></th> <th>38 Weather Cond.</th> <th>39 Light Cond.</th> <th>40 Entering Roads</th> <th>41 Roadway Type</th> <th>42 Roadway Alignment</th> <th>43 Surface Condition</th> <th>44 Traffic Control</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>98</td> <td>3</td> <td>97</td> <td>3</td> <td>2</td> <td>6</td> <td>96</td> </tr> </tbody> </table>														36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions								Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control									98	3	97	3	2	6	96
36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions																																																			
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								98	3	97	3	2	6	96																																													

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE												

INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	0	1	2	0	2	1					
	Invest. Comp.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Investigator Name (Printed)		HARPER, G.		MARTIN, K		ID Num.		3380-3421		Service/Region/DA		C		E		N		T		R		L
ORI Num.	TX2201200										*Agency FORT WORTH POLICE DEPARTMENT															

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Electronically Filed  
 Total Num. 1 4 8  
 Total Num. 7/28/2021 11:35 AM  
 Prsn. Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 93 of 149

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277		<input type="checkbox"/> Outside City Limit	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker. 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 93		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. FKK3682		VIN 4T1BF32K13U548718					
Veh. Year 2003		6 Veh. Color SIL		Veh. Make TOYOTA		Veh. Model CAMRY	
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99	
10 CDL End. 99		11 DL Rest. 99		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP) UNKNOWN UNKNOWN UN UNK							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Prsn. Type 99		13 Seat Position 99		14 Injury Severity 99	
15 Age 99		16 Ethnicity 99		17 Sex 99		18 Eject. 1	
19 Restr. 1		20 Airbag 97		21 Sol. N		22 Alc. Spec. 96	
23 Alc. Result 96		24 Drug Spec. 97		25 Drug Result 97		26 Drug Category 97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		RODRIGUEZ ANGELICA MARIA		FORT WORTH TX 76137	
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name STATE FARM	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 6-		FD-7		27 Vehicle Damage Rating 2 12-	
RD-7		Vehicle Inventoried <input checked="" type="checkbox"/> No					
Towed By BIVINS TOWING		Towed To BIVINS TOWING					
Unit Num. 94		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. MZN8398		VIN J TJ H G K F A 4 L 2 0 1 2 3 9 3					
Veh. Year 2020		6 Veh. Color BLK		Veh. Make LEXUS		Veh. Model RX SERIES	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99	
10 CDL End. 99		11 DL Rest. 99		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP) UNKNOWN UNKNOWN UN UNK							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Prsn. Type 99		13 Seat Position 99		14 Injury Severity 99	
15 Age 99		16 Ethnicity 99		17 Sex 99		18 Eject. 99	
19 Restr. 5		20 Airbag 97		21 Sol. N		22 Alc. Spec. 96	
23 Alc. Result 96		24 Drug Spec. 97		25 Drug Result 97		26 Drug Category 97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		OKEREKE EVANGELYN C		FORT WORTH TX 76244	
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name LIBERTY	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 6-		RD-7		27 Vehicle Damage Rating 2 12-	
FD-7		Vehicle Inventoried <input checked="" type="checkbox"/> No					
Towed By TEXAS TOWING		Towed To TEXAS TOWING					

Electronically Filed  
7/28/2021 11:35 AMLaw Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDPage 94 of 149  
Hidalgo County District Clerk  
Reviewed By: Alessandra Garhan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
					/ /	
					/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type		
	Carrier's Corp. Name	Carrier's Primary Addr.										
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type		
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight		Total Num. Axles:		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing		May Have Contrib.	Unit #	Contributing		May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
										98	3	97	3	2	6	96

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE														

INVESTIGATOR	Time Notified (24HR:MM)				How Notified	Time Arrived (24HR:MM)				Report Date (MM/DD/YYYY)				ID Num.	
		0	6	2	0	DISPATCH	0	6	4	0	0	3	0	1	2021
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) HARPER, G.				MARTIN, K				3380-3421				

ORI Num.	Agency										Service/ Region/DA
TX 2201200	FORT WORTH POLICE DEPARTMENT										CENTRAL



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Units 1 4 8  
 Total Num. 7/28/2021 11:35 AM  
 Prsn. Hidalgo County District Clerks

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Reviewed By: Alessandra Galvan

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\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																																																							
*County Name TARRANT				*City Name FORT WORTH																																																									
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																																																									
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<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> No																																																							
Workers Present <input checked="" type="checkbox"/> No		Street Desc.																																																											
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Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																																																							
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker																																																							
Street Desc. HWY		RRX Num.																																																											
Unit Num. 95		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX																																																							
LP Num. FTX0652		VIN Y V 1 4 0 M F C 4 F 1 3 1 8 8 7 3																																																											
Veh. Year 2015		6 Veh. Color WHI		Veh. Make VOLVO		Veh. Model S60																																																							
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																											
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 16835378		9 DL Class C																																																							
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 06/15/1978																																																									
Address (Street, City, State, ZIP) 1301 VANDERBILT KELLER TX 76262																																																													
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line																																																													
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Person Num.	12 Psn. Type	13 Seat Position	Name	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																												
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Owner/Lessee Name & Address BROCHU JOANNA GRABBE 1301 VANDERBILT KELLER TX 76262																																																													
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt																																																													
26 Fin. Resp. Type 1																																																													
Fin. Resp. Name STATE FARM																																																													
Fin. Resp. Num. 410 9844-A20-43 002																																																													
27 Vehicle Damage Rating 1 5- RD-6																																																													
27 Vehicle Damage Rating 2 12- FD-5																																																													
Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																													
Towed By TEXAS TOWING Towed To TEXAS TOWING																																																													
Unit Num. 96																																																													
5 Unit Desc. 1																																																													
<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run																																																													
LP State TX																																																													
LP Num. CA68173																																																													
VIN 1 C 6 R D 6 L T X C S 1 9 4 1 8 4																																																													
Veh. Year 2012																																																													
6 Veh. Color BLU																																																													
Veh. Make DODGE																																																													
Veh. Model RAM 1500																																																													
7 Body Style PK																																																													
<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																													
8 DL/ID Type 1																																																													
DL/ID State TX																																																													
DL/ID Num. 20257776																																																													
9 DL Class C																																																													
10 CDL End. 96																																																													
11 DL Rest. A																																																													
DOB (MM/DD/YYYY) 09/18/1987																																																													
Address (Street, City, State, ZIP) 6801 WOODDED CT MANSFIELD TX 76063																																																													
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line																																																													
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<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee																																																													
Owner/Lessee Name & Address HARDAWAY KRIS 6801 WOODDED CT MANSFIELD TX 76063																																																													
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt																																																													
26 Fin. Resp. Type 1																																																													
Fin. Resp. Name STATE FARM																																																													
Fin. Resp. Num. 384 1546-A27-43B 001																																																													
27 Vehicle Damage Rating 1 12- FD-7																																																													
27 Vehicle Damage Rating 2 3- RP-5																																																													
Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																													
Towed By TEXAS TOWING Towed To TEXAS TOWING																																																													

TxDOT  
Crash ID

Unit Num.		Prsn. Num.		Taken To				Taken By				Date of Death (MM/DD/YYYY)				Time of Death (24HR:MM)				
DISPOSITION OF INJURED/KILLED	95	1	JOHN PETER SMITH				AMA				/ /									
	96	1	LOCAL HOSPITAL				SELF				/ /									
											/ /									
											/ /									
											/ /									
CHARGES	Unit Num.	Prsn. Num.	Charge										Citation/Reference Num.							
DAMAGE	Damaged Property Other Than Vehicles						Owner's Name						Owner's Address							
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.				30 Veh. Type							
	Carrier's Corp. Name				Carrier's Primary Addr.															
	31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type												
	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No												
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:												
FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)						37 Vehicle Defects (Investigator's Opinion)						Environmental and Roadway Conditions							
	Unit #	Contributing		May Have Contrib.		Contributing		May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control				
										98	3	97	3	2	6	96				
NARRATIVE AND DIAGRAM																				
INVESTIGATOR	Time Notified (24HR:MM)	0 6 2 0				How Notified	DISPATCH				Time Arrived (24HRMM)	0 6 4 0				Report Date (MM/DD/YYYY)	0 3 / 0 1 / 2 0 2 1			
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed): HARPER, G. MARTIN, K				ID Num. 3380-3421				Service/Region/DA C E N T R A L										
	ORI Num.	TX 2 2 0 1 2 0 0				Agency FORT WORTH POLICE DEPARTMENT														



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Units \_\_\_\_\_  
 Total Num. 7/28/2021 11:35 AM  
 Prsnl. Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 97 of 149

Refer to Attached Code Sheet for Numbered Fields

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																																					
*County Name TARRANT				*City Name FORT WORTH																																							
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277		<input type="checkbox"/> Outside City Limit																																					
ROAD ON WHICH CRASH OCCURRED																																											
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600																																					
3 Street Prefix		*Street Name		4 Street Suffix																																							
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																					
Workers Present <input checked="" type="checkbox"/> No		Street Desc.																																									
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																											
At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1																																					
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																																					
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker																																					
Street Desc. HWY		RRX Num.																																									
Unit Num. 97		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX																																					
LP Num. PBJ9184		VIN 1C4BJWDG6GL137758																																									
Veh. Year 2016		6 Veh. Color BLK		Veh. Make JEEP		7 Body Style SV																																					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 34665433		9 DL Class B																																					
10 CDL End. P		11 DL Rest. EM		DOB (MM/DD/YYYY) 06/23/1995																																							
Address (Street, City, State, ZIP) 3829 ALDERSYDE DR FORT WORTH TX 76244																																											
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line																																											
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Person Num.	12 Prsn. Type	13 Seat Position	Name	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	23 Alc. Result	24 Drug Spec.	25 Drug Result	26 Drug Category																										
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<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address BURRIS STEVEN KELLY 3829 ALDERSYDE DR FORT WORTH TX 76244																																											
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE																																					
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 -		27 Vehicle Damage Rating 2 -		Vehicle Inventoried <input checked="" type="checkbox"/> No																																					
Towed By DRIVEN BY OWNER				Towed To HOME																																							
Unit Num. 98		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX																																					
LP Num. KNZ2341		VIN 5TETU4GN8AZ690334																																									
Veh. Year 2010		6 Veh. Color BLU		Veh. Make TOYOTA		7 Body Style PK																																					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 11309323		9 DL Class C																																					
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 07/30/1986																																							
Address (Street, City, State, ZIP) 2541 DAHLIA DR FORT WORTH TX 76123																																											
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line																																											
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Person Num.	12 Prsn. Type	13 Seat Position	Name	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	23 Alc. Result	24 Drug Spec.	25 Drug Result	26 Drug Category																										
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<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address BARTHA CLARA ANNE 2541 DAHLIA DR FORT WORTH TX 76123																																											
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name STATE FARM																																					
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 6-		27 Vehicle Damage Rating 2 12-		FD-4																																					
Towed By LONESTAR TOWING				Towed To LONESTAR TOWING																																							

Electronically Filed

7/28/2021 11:35 AM

Hidalgo County District Clerk

Reviewed By: Alessandra Garhan

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	98	1		LOCAL HOSPITAL	SELF	/ /
					/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	31 Bus Type		<input type="checkbox"/> RGW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
Unit Num.		<input type="checkbox"/> RGW <input type="checkbox"/> GVWR	34 Titr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGW <input type="checkbox"/> GVWR	34 Titr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
									98	3	97	3	2	6	96	

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE															

INVESTIGATOR	Time Notified (24HR:MM)	How Notified	Time Arrived (24HR:MM)	Report Date (MM/DD/YYYY)	ID Num.
		0 6 2 0	DISPATCH	0 6 4 0	0 3 / 0 1 / 2 0 2 1
Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) HARPER, G. MARTIN, K				
ORI Num.	T X 2 2 0 1 2 0 0				*Agency FORT WORTH POLICE DEPARTMENT
					Service/Region/DA C E N T R L

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Total Num. 7/28/2021 11:35 AM  
 Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Reviewed By: Alessandra Galvan

 Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457  
 Refer to Attached Code Sheet for Numbered Fields

Page 99 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																																																							
*County Name TARRANT				*City Name FORT WORTH																																																									
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277		<input type="checkbox"/> Outside City Limit																																																							
ROAD ON WHICH CRASH OCCURRED																																																													
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600																																																							
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> No																																																							
<input type="checkbox"/> Workers Present		<input checked="" type="checkbox"/> Yes		Street Desc.		4 Street Suffix																																																							
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																													
At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1																																																							
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker																																																							
Unit Num. 99		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX																																																							
Veh. Year 2020		6 Veh. Color RED		Veh. Make KENWORTH		VIN 2XKH AJ 7X8MM 460562																																																							
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 38232930		9 DL Class A																																																							
10 CDL End. HNT		11 DL Rest. P27		DOB (MM/DD/YYYY) 02/23/1996		7 Body Style TT																																																							
Address (Street, City, State, ZIP) 3936 LONGMEADOW WAY FORT WORTH TX 76133																																																													
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line																																																													
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<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee																																																													
Owner/Lessee Name & Address COCA COLA BEVERAGES LLC 3400 FOSSIL CREEK BLVD FORT WORTH TX 76137																																																													
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt																																																													
26 Fin. Resp. Type 1																																																													
Fin. Resp. Name BEECHER CARLSON INS																																																													
Fin. Resp. Num. 404-460-1401																																																													
27 Vehicle Damage Rating 1 - -																																																													
27 Vehicle Damage Rating 2 - -																																																													
Vehicle Inventoried <input checked="" type="checkbox"/> No																																																													
Towed By DRIVEN BY DRIVER																																																													
Towed To COMPANY LOT																																																													
Unit Num. 100																																																													
5 Unit Desc. 6																																																													
<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run																																																													
LP State TX																																																													
LP Num. 202452																																																													
VIN 2MNO1JAL161008616																																																													
Veh. Year 2006																																																													
6 Veh. Color RED																																																													
Veh. Make TRAILMOBILE																																																													
7 Body Style TL																																																													
Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																													
8 DL/ID Type																																																													
DL/ID State																																																													
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Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line																																																													
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Psn. Type</th> <th>13 Seat Position</th> <th>Name</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td colspan="18">           Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.         </td> </tr> </tbody> </table>								Person Num.	12 Psn. Type	13 Seat Position	Name	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																			
Person Num.	12 Psn. Type	13 Seat Position	Name	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																												
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																													
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee																																																													
Owner/Lessee Name & Address COCA COLA BEVERAGES LL 3400 FOSSIL CREEK BLVD FORT WORTH TX 76137																																																													
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt																																																													
26 Fin. Resp. Type 1																																																													
Fin. Resp. Name BEECHER CARLSON																																																													
Fin. Resp. Num. 404-460-1401																																																													
27 Vehicle Damage Rating 1 - -																																																													
27 Vehicle Damage Rating 2 - -																																																													
Vehicle Inventoried <input checked="" type="checkbox"/> No																																																													
Towed By DRIVEN AWAY																																																													
Towed To COMPANY LOT																																																													

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7/28/2021 11:35 AM

Hidalgo County District Clerk

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Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
					/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	10,001+ LBS.	TRANSPORTING HAZARDOUS MATERIAL	9+ CAPACITY	CMV Disabling Damage?	Yes	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	
	99	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No	2	1	02977752
	Carrier's Corp. Name COCA COLA BEVERAGES LL									
	Carrier's Primary Addr. 3400 FOSSIL CREEK FORT WORTH TX- 76137									
31 Bus Type	<input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GVWR	3,30,0,0	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	
0	<input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GVWR	1,2,1,0,0	34 Trlr. Type	2	CMV Disabling Damage?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	
100	<input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GVWR	1,2,1,0,0	34 Trlr. Type	2	CMV Disabling Damage?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	
Sequence Of Events	35 Seq. 1	98	35 Seq. 2		35 Seq. 3		35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
								Actual Gross Weight	Total Num. Axles:	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
										98	3	97	3	2	6	96

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE															

INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	0	1	2	0	2	1
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					Investigator Name (Printed)	HARPER, G.	MARTIN, K					ID Num.	3380-3421						
	ORI Num.	TX 2201200				*Agency	FORT WORTH POLICE DEPARTMENT										Service/ Region/DA	CENTRAL			



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE
Total  
Num. 1 4 8  
UnitsElectronically Filed  
7/28/2021 11:35 AM  
Total  
Num. 3 6  
Prsn Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 101 of 149

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll-Lane		Speed Limit		Const. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 101		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. NNZ5465		VIN 1 F M S K 7 D H 1 L G A 1 4 1 6 7					
Veh. Year 2020		6 Veh. Color GRY		Veh. Make FORD		Veh. Model EXPLORER	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 38045225		9 DL Class C	
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 02/28/1982			
Address (Street, City, State, ZIP) 10324 BURTRUM DR FORT WORTH TX 76177							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: CHILDRESS ANGELA M	
14 Injury Severity B		Age 38		15 Ethnicity W		16 Sex 2	
17 Elect. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97							
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		CHILDRESS ANGELA M 10324 BURTRUM DR		FORT WORTH TX 76177	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name LIBERTY COUNTY		Fin. Resp. Num. Y9089604	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-6		27 Vehicle Damage Rating 2 6-	
RD-5		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried <input checked="" type="checkbox"/> No			
Towed By BIVINS		Towed To BIVINS TOWING					
Unit Num. 102		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. GXC1444		VIN 4 S 4 B S B L C 9 G 3 2 8 5 4 5 2					
Veh. Year 2016		6 Veh. Color WHI		Veh. Make SUBARU		Veh. Model OUTBACK	
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 14454122		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 07/07/1980			
Address (Street, City, State, ZIP) 4813 STETSON DR S FORT WORTH TX 76244							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: DOYLE SARAH KATHERINE	
14 Injury Severity C		Age 40		15 Ethnicity W		16 Sex 2	
17 Elect. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97							
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		DOYLE WILLIAM 4813 STETSON DR S		FORT WORTH TX 76244	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name USAA		Fin. Resp. Num. 011359408 7101	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 3-		RP-7		27 Vehicle Damage Rating 2 6-	
BR-7		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried <input checked="" type="checkbox"/> No			
Towed By TEXAS TOWING		Towed To TEXAS TOWING					

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7/28/2021 11:35 AM

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Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDHidalgo County District Clerk  
Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	101	1		LOCAL HOSP	SELF	/ /
102	1		LOCAL HOSP	MEDSTAR 65	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	31 Bus Type		<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.
Unit Num.		<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight			Total Num. Axles:

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
									98	3	97	3	2	6	96

NARRATIVE AND DIAGRAM

INVESTIGATOR	Time Notified (24HR:MM)	How Notified	Time Arrived (24HR:MM)	Report Date (MM/DD/YYYY)
		0 6 2 0	DISPATCH	0 6 4 0

INVESTIGATOR	Invest. Comp.	Investigator Name (Printed)	ID Num.
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HARPER, G. MARTIN, K	3380-3421

ORI Num.	Agency	Service/ Region/DA



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Total Num. 7/28/2021 11:35 AM  
 Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 103 of 149

Refer to Attached Code Sheet for Numbered Fields

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit	
Const. Zone <input checked="" type="checkbox"/> No				Workers Present <input checked="" type="checkbox"/> No		Street Desc.	
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 103		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. NFX6985		VIN 1C4HJXFN1JW195858					
Veh. Year 2018		6 Veh. Color RED		Veh. Make JEEP		Veh. Model WRANGLER	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 20332156		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 04/05/1986			
Address (Street, City, State, ZIP) 721 SALIDA RD HASLET TX 76052							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name REYNOLDS MEGAN RENEE	
14 Injury Severity B		Age 34		15 Ethnicity W		16 Sex 2	
17 Eject. 1		18 Restr. 1		19 Airbag 1		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address REYNOLDS MEGAN RENEE HASLET TX 76052							
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt							
26 Fin. Resp. Type 1							
Fin. Resp. Name HOME STATE COUNTY MUTUAL							
Fin. Resp. Num. 1000464830							
27 Vehicle Damage Rating 1 11- FL-7							
27 Vehicle Damage Rating 2 - -							
Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Towed By MILNER							
Towed To MILNER TOWING							
Unit Num. 104		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. KTW9354		VIN 19XFC2E54JE013733					
Veh. Year 2018		6 Veh. Color BLU		Veh. Make HONDA		Veh. Model CIVIC	
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 42553001		9 DL Class C	
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 12/14/1996			
Address (Street, City, State, ZIP) 12108 MALONE RD NEWARD TX 76071							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name SOSA JONESSA VALEEN	
14 Injury Severity B		Age 24		15 Ethnicity A		16 Sex 2	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address MEDO FRANKIE 12108 MALONE RD NEWARD TX 76071							
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt							
26 Fin. Resp. Type 1							
Fin. Resp. Name USAA							
Fin. Resp. Num. 016468131 7105							
27 Vehicle Damage Rating 1 12- FD-7							
27 Vehicle Damage Rating 2 3- RBQ-5							
Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Towed By TEXAS TOWING							
Towed To TEXAS TOWING							

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7/28/2021 11:35 AM

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Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDHidalgo County District Clerk  
Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	103	1		LOCAL HOSP	SELF	/ /
104	1		LOCAL HOSP	SELF	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	31 Bus Type		<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.
Unit Num.		<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight		Total Num. Axles:	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
									98	3	97	3	2	6	96	

NARRATIVE AND DIAGRAM	Time Notified (24HR:MM)		How Notified	Time Arrived (24HR:MM)		Report Date (MM/DD/YYYY)	
		0	6	DISPATCH	0	6	0

INVESTIGATOR	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	ID Num.	Service/ Region/DA
				HARPER, G. MARTIN, K	3380-3421

ORI Num.	Agency
T X 2 2 0 1 2 0 0	FORT WORTH POLICE DEPARTMENT

DIAGRAM ON SEPARATE PAGE

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total  
Num. 1 4 8  
Units

 Electronically Filed  
7/28/2021 11:35 AM  
Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 105 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

★ Crash Date (MM/DD/YYYY) 02/11/2021		★ Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																																						
★ County Name TARRANT				★ City Name FORT WORTH																																								
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																																								
ROAD ON WHICH CRASH OCCURRED																																												
★ 1 Rdwy. Sys. TL		★ Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600																																						
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> No																																						
<input type="checkbox"/> Workers Present		<input checked="" type="checkbox"/> No		Street Desc.		4 Street Suffix																																						
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																												
At Int. <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1																																						
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																																						
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker																																						
Street Desc. HWY		RRX Num.																																										
Unit Num. 105		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State IN																																						
LP Num. 3041184		VIN 3AKJGLDR9HSH1335																																										
Veh. Year 2017		6 Veh. Color GRY		Veh. Make FREIGHTLINER		Veh. Model UNKNOWN																																						
7 Body Style TT		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																										
8 DL/ID Type 2		DL/ID State OK		DL/ID Num. G084200821		9 DL Class 98																																						
10 CDL End. 98		11 DL Rest. 98		DOB (MM/DD/YYYY) 04/23/1970																																								
Address (Street, City, State, ZIP) 102 CONISER AVE #1 POTEAU OK 74953																																												
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line																																												
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Psn. Type</th> <th>13 Seat Position</th> <th>Name</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>23 Alc. Result</th> <th>24 Drug Spec.</th> <th>25 Drug Result</th> <th>Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>HOWARD JOHN MICHAEL</td> <td>N</td> <td>50</td> <td>W</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> <td></td> </tr> </tbody> </table>								Person Num.	12 Psn. Type	13 Seat Position	Name	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	23 Alc. Result	24 Drug Spec.	25 Drug Result	Category	1	1	1	HOWARD JOHN MICHAEL	N	50	W	1	1	1	1	97	N	96		96	97	97	
Person Num.	12 Psn. Type	13 Seat Position	Name	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	23 Alc. Result	24 Drug Spec.	25 Drug Result	Category																											
1	1	1	HOWARD JOHN MICHAEL	N	50	W	1	1	1	1	97	N	96		96	97	97																											
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																												
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee																																												
Owner/Lessee Name & Address HOWARD JOHN MICHAEL POTEAU OK 74953																																												
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt																																												
26 Fin. Resp. Type 1																																												
Fin. Resp. Name OLD REPUBLIC INS																																												
Fin. Resp. Num. MWTT314656																																												
27 Vehicle Damage Rating 1 12" FD-2																																												
27 Vehicle Damage Rating 2 -																																												
Vehicle Inventoried <input checked="" type="checkbox"/> No																																												
Towed By BEARDS TOWING																																												
Towed To 4400 E LOOP 820 S																																												
Unit Num. 106																																												
5 Unit Desc. 6																																												
<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run																																												
LP State TN																																												
LP Num. U853377																																												
VIN 1GRDM0326KH135495																																												
Veh. Year 2019																																												
6 Veh. Color BLK																																												
Veh. Make GREAT DANE TRAILERS																																												
Veh. Model NOT APPLICABLE																																												
7 Body Style TL																																												
<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																												
8 DL/ID Type																																												
DL/ID State																																												
DL/ID Num.																																												
9 DL Class																																												
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Owner/Lessee Name & Address HOWARD JOHN MICHAEL POTEAU OK 74953																																												
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Fin. Resp. Name OLD REPUBLIC INS																																												
Fin. Resp. Num. MWTT314656																																												
27 Vehicle Damage Rating 1 -																																												
27 Vehicle Damage Rating 2 -																																												
Vehicle Inventoried <input checked="" type="checkbox"/> No																																												
Towed By BEARDS TOWING																																												
Towed To BEARDS TOWING																																												

Electronically Filed  
7/28/2021 11:35 AMLaw Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDHidalgo County District Clerk  
Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
					/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	10,001+ LBS.	TRANSPORTING HAZARDOUS MATERIAL	9+ CAPACITY	CMV Disabling Damage?	Yes	No	28 Veh. Oper.	1	29 Carrier ID Type	1	Carrier ID Num.	00154712	
	Carrier's Corp. Name	MERCER TRANSPORTATION			Carrier's Primary Addr.	1128 W MAIN ST			LOUISVILLE KY 40232			30 Veh. Type	8	
	31 Bus Type	0	<input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GVWR	5,200,00	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.		HazMat ID Num.		32 HazMat Class Num.		HazMat ID Num.	
	33 Cargo Body Type	5			34 Trlr. Type	2	CMV Disabling Damage?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unit Num.		<input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GVWR		34 Trlr. Type	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control		
								98	3	97	3	2	6	96		

NARRATIVE AND DIAGRAM														

INVESTIGATOR	Time Notified (24HR:MM)				How Notified	Time Arrived (24HR:MM)				Report Date (MM/DD/YYYY)			
		0	6	2	0	DISPATCH	0	6	4	0	0	3	0

INVESTIGATOR	Invest. Comp.	Yes	No	Investigator Name (Printed)	HARPER, G.	MARTIN, K	ID Num.	3380-3421
	ORI Num.	T	X	2	2	0	1	2

Agency	FORT WORTH POLICE DEPARTMENT	Service/ Region/DA	C	E	N	T	R	L

DIAGRAM ON SEPARATE PAGE



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Units  
 Total Num. 7/28/2021 11:36 AM  
 Prsnl. 36  
 Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 107 of 149

Refer to Attached Code Sheet for Numbered Fields

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277		<input type="checkbox"/> Outside City Limit	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> No		Street Desc.		3 Street Prefix		*Street Name	
4 Street Suffix							
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 107		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. JWN8147		VIN 1C4RJEA3HC916372					
Veh. Year 2017		6 Veh. Color GRAY		Veh. Make JEEP		Veh. Model GRAND CHEROKEE	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 36581094		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 07/02/1990			
Address (Street, City, State, ZIP) 3901 RINGDOVE WAY ROANOKE TX 76266							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 1		13 Seat Position		Name: Last, First, Middle ESCAMILLA HALEE ELIZABETH	
14 Injury Severity B		Age 30		15 Ethnicity H		16 Sex 2	
17 Eject 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address ESCAMILLA ERNESTO 3901 RINGDOVE WAY ROANOKE TX 76266							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 6-	
RD-7		Vehicle Inventoried <input checked="" type="checkbox"/> No					
Towed By DENNYS TOWING				Towed To DENNYS TOWING			
Unit Num. 108		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. JSV6956		VIN 1GT12UEY8H168496					
Veh. Year 2017		6 Veh. Color BLK		Veh. Make GMC		Veh. Model SIERRA C1500	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 2763318		9 DL Class AM	
10 CDL End. P		11 DL Rest. 96		DOB (MM/DD/YYYY) 10/12/1956			
Address (Street, City, State, ZIP) 616 WHITE FALCON WAY FORT WORTH TX 76131							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 1		13 Seat Position		Name: Last, First, Middle BURNETT ROGER ALAN	
14 Injury Severity B		Age 64		15 Ethnicity W		16 Sex 1	
17 Eject 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address BURNETT ROGER ALAN 616 WHITE FALCON WAY FORT WORTH TX 76131							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ELEPHANT	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 9-	
L&T-6		Vehicle Inventoried <input checked="" type="checkbox"/> No					
Towed By CARDINAL TOWING				Towed To CARDINAL TOWING			

Electronically Filed  
7/28/2021 11:35 AM

Page 108 of 149

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDHidalgo County District Clerk  
Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	107	1		LOCAL HOSP	SELF	/ /
108	1		LOCAL HOSP	SELF	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	31 Bus Type		<input type="checkbox"/> RGW <input type="checkbox"/> GVWR							
32 HazMat Class Num.										
33 Cargo Body Type										
34 Trlr. Type		<input type="checkbox"/> RGW <input type="checkbox"/> GVWR								
35 Seq. 1										
35 Seq. 2										
35 Seq. 3										
35 Seq. 4										
Intermodal Shipping Container Permit										
Actual Gross Weight										
Total Num. Axles:										

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
									98	3	97	3	2	6	96

NARRATIVE AND DIAGRAM	38 Contributing Factors (Investigator's Opinion)		39 Vehicle Defects (Investigator's Opinion)		Environmental and Roadway Conditions										
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
									98	3	97	3	2	6	96

INVESTIGATOR	Time Notified (24HR:MM)	How Notified	Time Arrived (24HR:MM)	Report Date (MM/DD/YYYY)	ID Num.
		0 6 2 0	DISPATCH	0 6 4 0	0 3 / 0 1 / 2 0 2 1
Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	HARPER, G. MARTIN, K		
ORI Num.	TX 2 2 0 1 2 0 0				Agency FORT WORTH POLICE DEPARTMENT
					Service/ Region/DA
					C E N T R L

DIAGRAM ON SEPARATE PAGE.



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Total Num. 7/28/2021 11:35 AM  
 Units 1 3 6  
 Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 11/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 109 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit	
<input type="checkbox"/> Const. Zone				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Workers Present <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 109		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. NPS9255		VIN K M 8 K 2 2 A A 8 L U 5 4 2 8 8 2					
Veh. Year 2020		6 Veh. Color BLK		Veh. Make HYUNDAI		Veh. Model UNKNOWN	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 39825123		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 05/10/1999			
Address (Street, City, State, ZIP) 1320 NW SUMMERCREST BL BURLESON TX 76028							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: MAYS DESTINY COURTNEY	
14 Injury Severity A		Age 21		15 Ethnicity B		16 Sex 2	
17 Eject 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address MAYS DESTINY COURTNEY 1320 NW SUMMERCREST BL BURLESON TX 76028							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ECONOMY FIRE AND CASUALTY-INS	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 6-	
RD-7		Vehicle Inventoried <input checked="" type="checkbox"/> No					
Towed By BIVINS TOWING				Towed To BIVINS TOWING			
Unit Num. 110		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. BJB9869		VIN 1 D 7 R V 1 C P 8 A S 2 5 7 4 1 2					
Veh. Year 2010		6 Veh. Color MAR		Veh. Make DODGE		Veh. Model RAM 1500	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 36743475		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 01/08/1962			
Address (Street, City, State, ZIP) 7751 SUNNYVIEW CT FORT WORTH TX 76137							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: FLACH SHAUN WILLIAM	
14 Injury Severity B		Age 59		15 Ethnicity W		16 Sex 1	
17 Eject 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address FLACH SHAUN WILLIAM 7751 SUNNYVIEW CT FORT WORTH TX 76137							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name STATE FARM	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 6-	
RD-7		Vehicle Inventoried <input checked="" type="checkbox"/> No					
Towed By TEXAS TOWING				Towed To TEXAS TOWING			

Electronically Filed  
7/28/2021 11:35 AMHidalgo County District Clerk  
Reviewed By: Alessandra GahanLaw Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	109	1		JOHN PETER SMITH	MEDSTAR 63	/ /
110	1		JOHN PETER SMITH	MEDSTAR 63	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR		HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
									98	3	97	3	2	6	96	

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE														

INVESTIGATOR	Time Notified (24HR:MM)	How Notified	Time Arrived (24HR:MM)	Report Date (MM/DD/YYYY)	ID Num.
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	0 6 2 0	DISPATCH	0 6 4 0	0 3 / 0 1 / 2 0 2 1
Investigator Name (Printed)	HARPER, G. MARTIN, K				
ORI Num.	TX 2 2 0 1 2 0 0 *Agency FORT WORTH POLICE DEPARTMENT				
Service/Region/DA	CENTRAL				

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Units 1 4 8  
 Total Num. 7/28/2021 11:35 AM  
 Prsnl Hidalgo County District Clerks

Electronically Filed

 Reviewed By: Alessandra Galvan  
 Page 111 of 149

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit	
Const. Zone <input checked="" type="checkbox"/> No		Workers Present <input checked="" type="checkbox"/> No		Street Desc.			
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 111		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. NFS8526		VIN 3GNKBBA5L545674					
Veh. Year 2020		6 Veh. Color BLK		Veh. Make CHEVROLET		Veh. Model BLAZER	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 06992863		9 DL Class C	
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 11/04/1961			
Address (Street, City, State, ZIP) 3709 FOSSIL TREE LN FORT WORTH TX 76244							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name JAMES REGINALD VON	
14 Injury Severity B		Age 59		15 Ethnicity B		16 Sex 1	
17 Eject 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address JAMES REGINALD VON 3709 FOSSIL TREE LN FORT WORTH TX 76244							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name US LLOYDS	
27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 6-		RD-7	
Vehicle Inventoried <input checked="" type="checkbox"/> No							
Towed By TEXAS TOWING				Towed To TEXAS TOWING			
Unit Num. 112		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. MTF6390		VIN JTEBU5JR9K5737125					
Veh. Year 2019		6 Veh. Color WHI		Veh. Make TOYOTA		Veh. Model 4RUNNER/SR5	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 15754634		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 04/25/1984			
Address (Street, City, State, ZIP) 6901 GOLF GREEN DR ARLINGTON TX 76001							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name WARE DATELYN CHRISTINE	
14 Injury Severity B		Age 36		15 Ethnicity W		16 Sex 2	
17 Eject 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address WARE DATELYN CHRISTINE 6901 GOLF GREEN DR ARLINGTON TX 76001							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name STATE FARM	
27 Vehicle Damage Rating 1 6-		RD-7		27 Vehicle Damage Rating 2 3-		RP-7	
Vehicle Inventoried <input checked="" type="checkbox"/> No							
Towed By PURRFECT TOWING				Towed To PURRFECT TOWING			

Electronically Filed  
7/28/2021 11:35 AMLaw Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDHidalgo County District Clerk  
Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	111	1		LOCAL HOSP	SELF	/ /
112	1		LOCAL HOSP	SELF	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	31 Bus Type		<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.		32 HazMat Class Num.	HazMat ID Num.	
Unit Num.		<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type		CMV Disabling Damage?
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight			Total Num. Axles:

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
									98	3	97	3	2	6	96	

NARRATIVE AND DIAGRAM	Time Notified (24HR:MM)		How Notified	Time Arrived (24HR:MM)		Report Date (MM/DD/YYYY)	
		0620	DISPATCH	0640	03/01/2021		

INVESTIGATOR	Invest. Comp.	Investigator Name (Printed)	ID Num.
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HARPER, G. MARTIN, K	3380-3421

ORI Num.	Agency	Service/Region/DA
TX2201200	FORT WORTH POLICE DEPARTMENT	CENTRAL

DIAGRAM ON SEPARATE PAGE



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE
Total  
Num. 1 4 8  
UnitsElectronically Filed  
7/28/2021 1:35 AM  
Total  
Num. 3 6 1  
Prsn. Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 113 of 149

Refer to Attached Code Sheet for Numbered Fields

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																																																							
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit																																																							
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																																																									
ROAD ON WHICH CRASH OCCURRED																																																													
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600																																																							
3 Street Prefix		*Street Name		4 Street Suffix																																																									
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> No																																																							
Workers Present <input checked="" type="checkbox"/> No		Street Desc.																																																											
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																													
At Int. <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1																																																							
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																																																							
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker																																																							
Street Desc. HWY		RRX Num.																																																											
Unit Num. 113		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State IN																																																							
LP Num. 2836156		VIN 3AKJHPDV7LSLF0345																																																											
Veh. Year 2020		6 Veh. Color WHI		Veh. Make FREIGHTLINER		Veh. Model UNKNOWN																																																							
7 Body Style TT		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																											
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 43416851		9 DL Class A																																																							
10 CDL End. H		11 DL Rest P27		DOB (MM/DD/YYYY) 10/29/1963																																																									
Address (Street, City, State, ZIP) 8160 FAWN CIR GRANBURY TX 76049																																																													
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Psn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>JONES RHONDA CAROL</td> <td>B</td> <td>57</td> <td>I</td> <td>2</td> <td>1</td> <td>1</td> <td>1</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>								Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	JONES RHONDA CAROL	B	57	I	2	1	1	1	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																												
1	1	1	JONES RHONDA CAROL	B	57	I	2	1	1	1	97	N	96		96	97	97																																												
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																													
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		JB HUNT TRANSPORT INC 615 JB HUNT CORPORATE DR		LOWELL AR 72745																																																							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ACE AMERICAN INS																																																							
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		11- FL-7		27 Vehicle Damage Rating 2 1- FR-7																																																							
Towed By BEARDS TOWING		Towed To 1150 INTERMODAL PKWY																																																											
Unit Num. 114		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State OK-																																																							
LP Num. 5435GN		VIN LJR C54269A1003488																																																											
Veh. Year 2010		6 Veh. Color ONG		Veh. Make CIMC TRAILERS		Veh. Model NOT APPLICABLE																																																							
7 Body Style TL		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																											
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class																																																							
10 CDL End.		11 DL Rest		DOB (MM/DD/YYYY)																																																									
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Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																												
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																													
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		JB HUNT TRANSPORT INC 615 JB HUNT CORP DR		LOWELL AR 72745																																																							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ACE AMERICAN INS																																																							
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		6- BD-7		27 Vehicle Damage Rating 2 3- FR-4																																																							
Towed By BEARDS TOWING		Towed To 1150 INTERMODAL PKWY																																																											

Electronically Filed  
7/28/2021 11:35 AMLaw Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDPage 114 of 149  
Hidalgo County District Clerk  
Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	113	1	JOHN PETER SMITH	MEDSTAR	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	10,001+ LBS.	TRANSPORTING HAZARDOUS MATERIAL	9+ CAPACITY	CMV Disabling Damage?	Yes	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	
	113	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	1	00080806	
	Carrier's Corp. Name JB HUNT Primary Addr. 1150-INTERMODAL PKWY HASLET TX 76052 30 Veh. Type 8									
	31 Bus Type	<input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GVWR	5,200,00	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
	Unit Num.	<input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GVWR	6,800,00	34 Trlr. Type	2	CMV Disabling Damage?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
									98	3	97	3	2	6	96

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE														

INVESTIGATOR	Time Notified (24HR:MM)	How Notified	Time Arrived (24HR:MM)	Report Date (MM/DD/YYYY)
	0 6 2 0	DISPATCH	0 6 4 0	0 3 / 0 1 / 2 0 2 1
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	HARPER, G. MARTIN, K	

ORI Num.	Agency	ID Num.	Service/ Region/DA
T X 2 2 0 1 2 0 0	FORT WORTH POLICE DEPARTMENT	3380-3421	C E N T R L



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE
Total  
Num. 1 4 8  
UnitsTotal  
Num. 7/28/2021 11:35 AM  
Prsn. Hidalgo County District Clerks

Electronically Filed

Reviewed By: Alessandra Galvan

Page 115 of 149

Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)  
 Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457  
 Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277			
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 115		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. JBS0374		VIN 1 F T M F 1 C F 6 G K E 1 9 3 2 8					
Veh. Year 2016		6 Veh. Color WHI		Veh. Make FORD		Veh. Model F150	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 08662708		9 DL Class CM	
10 CDL End. 96		11 DL Rest 96		DOB (MM/DD/YYYY) 05/24/1957			
Address (Street, City, State, ZIP) 4905 TRAILS EDGE DR ARLINGTON TX 76017							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: SCHULTZ LESTER HOWARD	
14 Injury Severity B		Age 63		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Alc. Result 96		24 Drug Spec. 97	
25 Drug Result 97		26 Drug Category		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address FOX ELECTRIC LTD 1104 COLORADO LN ARLINGTON TX 76015							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name TRAVELERS	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 6-	
RD-7		Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Towed By UNKNOWN				Towed To UNKNOWN			
Unit Num. 116		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. LHK6873		VIN 1 F T 8 W 3 B T 2 J E C 5 5 4 0 8					
Veh. Year 2018		6 Veh. Color WHI		Veh. Make FORD		Veh. Model F350	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 09615867		9 DL Class C	
10 CDL End. 96		11 DL Rest 96		DOB (MM/DD/YYYY) 04/07/1979			
Address (Street, City, State, ZIP) 1701 BIRDS EYE RD FORT WORTH TX 76177							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: TERRY CODY LEN	
14 Injury Severity B		Age 41		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Alc. Result 96		24 Drug Spec. 97	
25 Drug Result 97		26 Drug Category		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address TERRY CODY LEN 1701 BIRDS EYE RD FORT WORTH TX 76177							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name TEXAS FARM BUREAU	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 6-	
RD-7		Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Towed By GUY SIMON TOWING				Towed To GUY SIMON TOWING			

TxDOT Crash ID	
-------------------	--

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)						
	115	1	LOCAL HOSP	SELF	/ /							
	116	1	LOCAL HOSP	SELF	/ /							
					/ /							
					/ /							
					/ /							
CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.								
DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address								
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.				
	Carrier's Corp. Name		Carrier's Primary Addr.					30 Veh. Type				
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type				
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No				
FACTORS & CONDITIONS	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:				
	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)		Environmental and Roadway Conditions					
	Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
							98	3	97	3	2	6
NARRATIVE AND DIAGRAM												
INVESTIGATOR	Time Notified (24HR:MM)		How Notified		Time Arrived (24HR:MM)		Report Date (MM/DD/YYYY)		ID Num.			
	0 6 2 0		DISPATCH		0 6 4 0		0 3 / 0 1 / 2 0 2 1		3380-3421			
INVESTIGATOR	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Investigator Name (Printed)		Agency		Service/Region/DA					
	T X 2 2 0 1 2 0 0		HARPER, G.		FORT WORTH POLICE DEPARTMENT		C E N T R L					

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Units 1 3 6  
 Total Num. 7/28/2021 11:35 AM  
 Printed Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page: 117 of 149

Refer to Attached Code Sheet for Numbered Fields

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277			
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 117		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. DG7B111		VIN J M 1 B L 1 V F 9 C 1 5 0 2 9 2 7					
Veh. Year 2012		6 Veh. Color BLK		Veh. Make MAZDA		Veh. Model MAZDA3	
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 27374941		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 06/14/1993			
Address (Street, City, State, ZIP) 9528 SILLS WAY FORT WORTH TX 76177							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: KENNEDY TAYLER MICHELLE	
14 Injury Severity B		Age 27		15 Ethnicity W		16 Sex 2	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		KENNEDY TAYLER MICHELLE 9528 SILLS WAY FORT WORTH TX 76177			
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ALLSTATE	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 -		27 Vehicle Damage Rating 2 -		Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Towed By TEXAS TOWING		Towed To TEXAS TOWING					
Unit Num. 118		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. NWT9056		VIN 5 T B R T 3 4 1 7 1 S 1 9 8 4 0 8					
Veh. Year 2001		6 Veh. Color GRN		Veh. Make TOYOTA		Veh. Model TUNDRA	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99	
10 CDL End. 99		11 DL Rest. 99		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP) UNKNOWN UN UNK							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: UNKNOWN UNKNOWN UNK	
14 Injury Severity 99		Age 99		15 Ethnicity 99		16 Sex 99	
17 Eject. 1		18 Restr. 99		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		FLORES CHIRSTOFER B 6641 WHITLEY RD WATAUGA TX 76148			
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name CONSUMER COUNTY MUTUAL	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 -		27 Vehicle Damage Rating 2 -		Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Towed By BIVINS TOWING		Towed To BIVINS TOWING					

Electronically Filed  
7/28/2021 11:35 AM

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Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDHidalgo County District Clerk  
Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	117	1		LOCAL HOSP	SELF	/ /
					/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR							
32 HazMat Class Num.									
33 Cargo Body Type									
34 Trlr. Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR								
35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight				

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
									98	3	97	3	2	6	96	

NARRATIVE AND DIAGRAM	Diagram on separate page.															

INVESTIGATOR	Time Notified (24HR:MM)	How Notified	Time Arrived (24HR:MM)	Report Date (MM/DD/YYYY)	ID Num.
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	0 6 2 0	DISPATCH	0 6 4 0	0 3 / 0 1 / 2 0 2 1
Investigator Name (Printed)	HARPER, G. MARTIN, K				
ORI Num.	TX 2 2 0 1 2 0 0 *Agency FORT WORTH POLICE DEPARTMENT				
Service/Region/DA	CENTRAL				



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Units \_\_\_\_\_  
 Total Num. 7/28/2021 11:35 AM  
 Prsn. Hidaigo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 119 of 149

Refer to Attached Code Sheet for Numbered Fields

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277		<input type="checkbox"/> Outside City Limit	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Workers Present		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.		4-Street Suffix	
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 119		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. KFS8884		VIN 1 F M 5 K 7 F 8 6 D G C 2 4 5 1 7					
Veh. Year 2013		6 Veh. Color BRO		Veh. Make FORD		Veh. Model EXPLORER	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 13324712		9 DL Class C	
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 05/07/1970			
Address (Street, City, State, ZIP) 8304 TRICKHAM BEND FORT WORTH TX 76131							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: MOOS RUSSEL HOWARD	
14 Injury Severity N		Age 50		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address MOOS RUSSEL HOWARD 8304 TRICKHAM BEND FORT WORTH TX 76131							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE	
27 Vehicle Damage Rating 1 6"		RD-5		27 Vehicle Damage Rating 2 12"		FD-5	
Vehicle Inventoried <input checked="" type="checkbox"/> No							
Towed By CARDINAL TOWING				Towed To CARDINAL TOWING			
Unit Num. 120		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. 99538P7		VIN 5 N M S 5 C A A 1 L H 2 9 1 0 1 7					
Veh. Year 2020		6 Veh. Color WHI		Veh. Make HYUNDAI		Veh. Model SANTA FE	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 02797937		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 02/07/1976			
Address (Street, City, State, ZIP) 14621 SAN MADRID TRAIL HASLET TX 76052							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: KLAPPRODT CATHLEEN GAIL	
14 Injury Severity A		Age 45		15 Ethnicity W		16 Sex 2	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address KLAPPRODT CATHLEEN GAIL 14621 SAN MADRID TRAIL HASLET TX 76052							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name TRAVELERS	
27 Vehicle Damage Rating 1 -		-		27 Vehicle Damage Rating 2 -		-	
Vehicle Inventoried <input checked="" type="checkbox"/> No							
Towed By CARDINAL TOWING				Towed To CARDINAL TOWING			

Electronically Filed  
7/28/2021 11:35 AMLaw Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDHidalgo County District Clerk  
Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)						
	120	1	LOCAL HOSP	SELF	/ /							
					/ /							
					/ /							
					/ /							
					/ /							
CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.								
DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address							
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.				
	Carrier's Corp. Name		Carrier's Primary Addr.		30 Veh. Type							
	31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type				
	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:				
	36 Contributing Factors (Investigator's Opinion)		37 Vehicle Defects (Investigator's Opinion)		Environmental and Roadway Conditions							
FACTORS & CONDITIONS	Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
						98	3	97	3	2	6	96
NARRATIVE AND DIAGRAM	<p style="text-align: center;">DIAGRAM ON SEPARATE PAGE</p>											
INVESTIGATOR	Time Notified (24HR:MM)	0   6   2   0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0   6   4   0	Report Date (MM/DD/YYYY)	0   3   0   1   2   0   2   1				
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	HARPER, G. MARTIN, K		ID Num.	3380-3421						
	ORI Num.	TX 2201200		Agency	FORT WORTH POLICE DEPARTMENT			Service/ Region/DA	C   E   N   T   R   L			



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total  
Num. 1 4 8  
Units

 Total  
Num. 7/28/2021 11:36 AM  
Printed

Electronically Filed

Hidalgo County District Clerks

Reviewed By: Alessandra Galvan

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 Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)  
 Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		2 Rdwy. Part 1		Block Num. 2500	
3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST			
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 121		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. KYC8844		VIN 3GCPCEC0H6204690					
Veh. Year 2017		6 Veh. Color WHI		Veh. Make CHEVROLET		Veh. Model SILVERADO C1500	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 09738014		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 07/11/1980			
Address (Street, City, State, ZIP) 2748 TRIANGLE LEAF DR KELLER TX 76244							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: Last, First, Middle	
14 Injury Severity 99		Age 40		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address EMR ELEVATOR INC 2320 MICHIGAN CT ARLINGTON TX 76016							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ALLIED WORLD	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 7-	
BR-7		Vehicle Inventoried <input checked="" type="checkbox"/> No					
Towed By BIVINS WRECKER				Towed To BIVINS WRECKER			
Unit Num. 122		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. JNP1739		VIN WA1C2AFPXHA005904					
Veh. Year 2017		6 Veh. Color WHI		Veh. Make AUDI		Veh. Model Q5	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 26039530		9 DL Class C	
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 05/06/1992			
Address (Street, City, State, ZIP) 12212 SWEET LEAF CT FORT WORTH TX 76244							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: Last, First, Middle	
14 Injury Severity A		Age 28		15 Ethnicity W		16 Sex 2	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address WHITE DANIELLE NICOLE 12212 SWEET LEAF CT FORT WORTH TX 76244							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-6		27 Vehicle Damage Rating 2 6-	
RD-5		Vehicle Inventoried <input checked="" type="checkbox"/> No					
Towed By LONESTAR TOWING				Towed To LONESTAR TOWING			

Electronically Filed  
7/28/2021 11:35 AMLaw Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)Case  
ID 210011068TxDOT  
Crash IDHidalgo County District Clerk  
Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	122	1		HARRIS METH	MEDSTAR 30	/ /
					/ /	
					/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	31 Bus Type		<input type="checkbox"/> RGW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.		32 HazMat Class Num.	HazMat ID Num.	
Unit Num.		<input type="checkbox"/> RGW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight		Total Num. Axles:	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
									98	3	97	3	2	6	96	

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE															

INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	/	0	1	/	2	0	2	1
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					Investigator Name (Printed)	HARPER, G.	MARTIN, K					ID Num.	3380-3421								
ORI Num.	TX2201200				*Agency	FORT WORTH POLICE DEPARTMENT											Service/ Region/DA	CENTRAL					

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Units  
 Total Num. 7/28/2021 11:35 AM  
 Prsn. Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 123 of 149

Refer to Attached Code Sheet for Numbered Fields

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use		
*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277		
ROAD ON WHICH CRASH OCCURRED								
*1 Rdw. Sys. TL		*Hwy. Num. 35		2 Rdw. Part 1		Block Num. 2600		
3 Street Prefix		*Street Name		4 Street Suffix				
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		
Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.		
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER								
At Int. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		1 Rdw. Sys. LR		Hwy. Num.		2 Rdw. Part 1		
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST		
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker		
Street Desc. HWY		RRX Num.						
Unit Num. 123		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State IN		
LP Num. 2712385		VIN 3AKJHHFG7JJSJ20943						
Veh. Year 2018		6 Veh. Color WHI		Veh. Make FREIGHTLINER		Veh. Model UNKNOWN		
7 Body Style TT		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)						
8 DL/ID Type 1		DL/ID State FL		DL/ID Num. S534420872190		9 DL Class 98		
10 CDL End. 98		11 DL Rest. 98		DOB (MM/DD/YYYY) 06/09/1987				
Address (Street, City, State, ZIP) 1271 WOODMAN WAY ORLANDO FL 32818								
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line								
Person Num.		12 Psn. Type		13 Seat Position		14 Injury Severity		
15 Age		16 Sex		17 Eject		18 Restr.		
19 Airbag		20 Helmet		21 Sol.		22 Alc. Spec.		
23 Alc. Result		24 Drug Spec.		25 Drug Result		26 Drug Category		
1		1		1		SAINT LOT JEAN MARIE N 33 B 1 1 1 1 97 N 96 96 97 97		
2		2		13		CLEMENT FRANTZ B 36 B 1 1 97 1 97 N Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.		
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee								
Owner/Lessee Name & Address RYDER TRUCK RENTAL INC 11690 NW 105TH ST MIAMI FL 33178								
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name NATIONAL CONTINENTAL		Fin. Resp. Num. COH0005261854-0		
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12- FD-7		27 Vehicle Damage Rating 2 - -		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Towed By MILNER TOWING				Towed To MILNER TOWING				
Unit Num. 124		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State IN		
LP Num. P187155		VIN 10W1A532885049873						
Veh. Year 2008		6 Veh. Color WHI		Veh. Make STANDARD TRAILER CO		Veh. Model NOT APPLICABLE		
7 Body Style TL		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)						
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class		
10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)				
Address (Street, City, State, ZIP)								
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line								
Person Num.		12 Psn. Type		13 Seat Position		14 Injury Severity		
15 Age		16 Sex		17 Eject		18 Restr.		
19 Airbag		20 Helmet		21 Sol.		22 Alc. Spec.		
23 Alc. Result		24 Drug Spec.		25 Drug Result		26 Drug Category		
						Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.		
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee								
Owner/Lessee Name & Address FEDEX GROUND 1000 FEDEX DR PITTSBURGH PA 15108								
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name NATIONAL CONTINENTAL		Fin. Resp. Num. COH0005261854-0		
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 6- RD-3		27 Vehicle Damage Rating 2 - -		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Towed By MILNER TOWING				Towed To MILNER TOWING				

Electronically Filed  
7/28/2021 11:35 AMHidalgo County District Clerk  
Reviewed By: Alessandra GalvanLaw Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	123	2	LOCAL HOSPITAL	SELF	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles---		Owner's Name	Owner's Address

CMV	Unit Num.	10,001+ LBS.	TRANSPORTING HAZARDOUS MATERIAL	9+ CAPACITY	CMV Disabling Damage?	Yes No	28 Veh. Oper.	1	29 Carrier ID Type	1	Carrier ID Num.	02936569	
	Carrier's Corp. Name	SIMON EXPRESS		Carrier's Primary Addr.	545 METRO PLACE S ST #100		COLUMBUS		OH		43017		
	31 Bus Type	0	RGVW	8,0,0,0,0	HazMat Released	Yes No	32 HazMat Class Num.		HazMat ID Num.		33 Cargo Body Type	3	
	Unit Num.	124	RGVW	6,5,0,0,0	34 Trlr. Type	2	CMV Disabling Damage?	Yes No	Unit Num.		34 Trlr. Type		CMV Disabling Damage?

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
										98	3	97	3	2	6	96

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE															

INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	/	0	1	/	2	0	2	1		
	Invest. Comp.	Yes No					Investigator Name (Printed)	HARPER, G.	MARTIN, K					ID Num.	3380-3421										
	ORI Num.	TX 2201200											*Agency	FORT WORTH POLICE DEPARTMENT							Service/ Region/DA	CENTRAL			



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Units 1 4 8  
 Total Num. 7/28/2021 11:35 AM  
 Prsn Hidalgo County District Clerks

Electronically Filed

7/28/2021 11:35 AM

Hidalgo County District Clerks

Reviewed By: Alessandra Galvan

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 Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)  
 Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277			
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. Sys. LR		2 Rdwy. Part 1		Block Num. 2500	
3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST			
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 125		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. CPY4837		VIN 1 F T W W 3 1 P 7 7 E A 9 3 8 2 8					
Veh. Year 2007		6 Veh. Color WHI		Veh. Make FORD		Veh. Model F350	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 07225463		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 10/02/1973			
Address (Street, City, State, ZIP) 1337 VALLET DR		JUSTIN		TX 76247			
Person Num. 1		12 Psn. Type 1		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity K		Age 47		Ethnicity W		Sex 1	
15 Eject. 1		16 Restr. 1		17 Airbag 5		18 Helm. 97	
19 Sol. N		20 Alc. Spec. 96		21 Result 96		22 Drug Spec. 97	
23 Result 97		24 Drug Result 97		25 Drug Category			
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address GEEP MECHANICAL 3640 8TH AVE		FORT WORTH TX 76110			
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name AMERISURE	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 6-	
RD-7		Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Towed By GUY SIMMONS TOWING		Towed To GUY SIMMONS TOWING					
Unit Num. 126		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. NXX0230		VIN 1 H G C R 2 F 8 5 H A 1 8 7 8 9 8					
Veh. Year 2017		6 Veh. Color GRY		Veh. Make HONDA		Veh. Model ACCORD	
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 08324125		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 10/23/1986			
Address (Street, City, State, ZIP) 2308 BLACKRAIL CT		NORTHLAKE		TX 76226			
Person Num. 1		12 Psn. Type 1		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity K		Age 34		Ethnicity W		Sex 2	
15 Eject. 1		16 Restr. 1		17 Airbag 5		18 Helm. 97	
19 Sol. N		20 Alc. Spec. 96		21 Result 96		22 Drug Spec. 97	
23 Result 97		24 Drug Result 97		25 Drug Category			
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		Fin. Resp. Name STATE FARM		Fin. Resp. Num. 372 0759 J01 43C 001	
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		27 Vehicle Damage Rating 1 12-	
FD-7		27 Vehicle Damage Rating 2 6-		RD-7		Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Towed By GUY SIMMONS TOWING		Towed To GUY SIMMONS TOWING					



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7/28/2021 11:35 AM

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Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDHidalgo County District Clerk  
Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	125	1		TARRANT COUNTY MORGUE	FORT WORTH FUNERALS AND CREMATIONS	0 2 / 1 1 / 2 0 2 1
126	1		TARRANT COUNTY MORGUE	FORT WORTH FUNERALS AND CREMATIONS	0 2 / 1 1 / 2 0 2 1	0 6   0   3
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	- Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR							
32 HazMat Class Num.									
33 Cargo Body Type									
34 Trlr. Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR								
35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight				

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
									98	3	97	3	2	6	96

NARRATIVE AND DIAGRAM	Time Notified (24HR:MM)		How Notified	Time Arrived (24HR:MM)		Report Date (MM/DD/YYYY)	
		0 6   2   0	DISPATCH	0 6   4   0	0 3 / 0 1 / 2 0 2 1		

INVESTIGATOR	Invest. Comp.	Investigator Name (Printed)	Agency	ID Num.	Service/Region/DA
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HARPER, G.	MARTIN, K	FORT WORTH POLICE DEPARTMENT	3380-3421

DIAGRAM ON SEPARATE PAGE

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONETotal Num. 1 4 8  
Units 1 4 8  
Total Num. 7/28/2021 11:35 AM  
Prsn. Hidalgo County District Clerks

Electronically Filed

Reviewed By: Alessandra Galvan

Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)  
Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Page 127 of 149

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																																																																
*County Name TARRANT				*City Name FORT WORTH																																																																		
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277		<input type="checkbox"/> Outside City Limit																																																																
ROAD ON WHICH CRASH OCCURRED																																																																						
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600																																																																
3 Street Prefix		*Street Name		4 Street Suffix																																																																		
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																
Workers Present <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.																																																																				
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																																						
At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1																																																																
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																																																																
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker																																																																
Street Desc. HWY		RRX Num.																																																																				
Unit Num. 127		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX																																																																
LP Num. MCMC4		VIN 5X1XGT4L38JG181514																																																																				
Veh. Year 2021		6 Veh. Color BLU		Veh. Make KIA		Veh. Model OPTIMA																																																																
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																																				
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 27217915		9 DL Class C																																																																
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 01/20/1967																																																																		
Address (Street, City, State, ZIP) 14804 CEDAR FLAT WAY ROANOKE TX 76262																																																																						
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Unit Num. 128		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX																																																																
LP Num. NCX3077		VIN 1FTEX1C46LKD79052																																																																				
Veh. Year 2020		6 Veh. Color WHI		Veh. Make FORD		Veh. Model F150																																																																
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																																				
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 06631778		9 DL Class C																																																																
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 11/27/1960																																																																		
Address (Street, City, State, ZIP) 9460 LECHNER RD FORT WORTH TX 76179																																																																						
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Electronically Filed  
7/28/2021 11:35 AM

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Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDHidalgo County District Clerk  
Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	127	1		LOCAL HOSPITAL	SELF	/ /
128	1		LOCAL HOSPITAL	SELF	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	Carrier's Corp. Name	Carrier's Primary Addr.							
31 Bus Type	<input type="checkbox"/> RGWW	<input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	
Unit Num.	<input type="checkbox"/> RGWW	<input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW	<input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
									98	3	97	3	2	6	96	

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE														

INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	/	0	1	/	2	0	2	1
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					Investigator Name (Printed)	HARPER, G. MARTIN, K								ID Num.	3380-3421							
ORI Num.	TX 2201200				Agency	FORT WORTH POLICE DEPARTMENT												Service/Region/DA	CENTRAL				

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Units 1 4 8  
 Total Num. 7/28/2021 3:35 AM  
 Prsn. Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 129 of 149

Refer to Attached Code Sheet for Numbered Fields

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277		<input type="checkbox"/> Outside City Limit	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 129		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. 00177H7		VIN 1GNFC13J17R231126					
Veh. Year 2007		6 Veh. Color BLU		Veh. Make CHEVROLET		Veh. Model TAHOE C1500	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99	
10 CDL End. 99		11 DL Rest. 99		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP) UNKNOWN		UNKNOWN		UN UNK			
Person Num. 1		12 Prsn. Type 1		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity 99		Age 99		15 Ethnicity 99		16 Sex 99	
17 Eject. 99		18 Restr. 99		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		CARROLL CHARLES 6301 SPOKANE DR		FORT WORTH TX 76179	
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type		Fin. Resp. Name		Fin. Resp. Num.	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 6-	
RD-7		Vehicle Inventoried <input checked="" type="checkbox"/> No					
Towed By BIVINS WRECKER		Towed To BIVINS WRECKER					
Unit Num. 130		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. MMK0537		VIN JMK3KE4CY0G0792851					
Veh. Year 2016		6 Veh. Color BLK		Veh. Make MAZDA		Veh. Model CX-7	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 13342870		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 10/30/1956			
Address (Street, City, State, ZIP) 6016 OAK HILL RD		WATAUGA		TX 76148			
Person Num. 1		12 Prsn. Type 1		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity A		Age 64		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		FRANCIS JEFFREY LYNN 6016 OAK HILL RD		WATAUGA TX 76148	
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name FARMERS		Fin. Resp. Num. 44823994	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 6-	
RD-7		Vehicle Inventoried <input checked="" type="checkbox"/> No					
Towed By LONESTAR TOWING		Towed To LONESTAR TOWING					

Electronically Filed  
7/28/2021 11:35 AMLaw Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDHidalgo County District Clerk  
Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	130	1	JOHN PETER SMITH	MEDSTAR63	/ /	
	130	2	JOHN PETER SMITH	MEDSTAR63	/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type		
	Carrier's Corp. Name										Carrier's Primary Addr.	
	31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR		HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type		
	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR		34 Trlr. Type		CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight		Total Num. Axles:		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	-May Have Contrib.		Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control		
									98	3	97	3	2	6	96	

NARRATIVE AND DIAGRAM										

INVESTIGATOR	Time Notified (24HR:MM)		How Notified		Time Arrived (24HR:MM)		Report Date (MM/DD/YYYY)		ID Num.
		0 6 2 0	DISPATCH		0 6 4 0		0 3 / 0 1 / 2 0 2 1		3380-3421
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)		HARPER, G.		MARTIN, K		

ORI Num.	Agency										Service/ Region/DA
	T X 2 2 0 1 2 0 0	FORT WORTH POLICE DEPARTMENT									

DIAGRAM ON SEPARATE PAGE



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total  
Num. 1 4 8  
Units

 Total  
Num. 7/28/2021 11:35 AM  
Prsn. Hidalgo County District Clerks

Electronically Filed

 Reviewed By: Alessandra Galvan  
 Page 131 of 149

 Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)  
 Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277			
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 131		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. BK2L525		VIN 1HGES165X3L010533					
Veh. Year 2003		6 Veh. Color SIL		Veh. Make HONDA		Veh. Model CIVIC	
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99	
10 CDL End. 99		11 DL Rest. 99		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP) UNKNOWN UNKNOWN UN UNK							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 1		13 Seat Position		14 Injury Severity 99	
15 Age 99		16 Sex 99		17 Eject. 1		18 Restr. 99	
19 Airbag 5		20 Helmet 97		21 Sol. N		22 Alc. Spec. 96	
23 Drug Spec. 96		24 Drug Result 97		25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.	
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address UNKNOWN UNKNOWN UNK		UNKNOWN UN UNK					
Proof of Fin. Resp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type		Fin. Resp. Name	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 6-	
RD-7		Vehicle Inventoried <input checked="" type="checkbox"/> No					
Towed By PURRFECT TOWING		Towed To PURRFECT TOWING					
Unit Num. 132		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. MWB6163		VIN 4S4BTAN8L3127148					
Veh. Year 2020		6 Veh. Color GRY		Veh. Make SUBARU		Veh. Model OUTBACK	
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 06580483		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 09/02/1954			
Address (Street, City, State, ZIP) 12741LIZZIE PL FORT WORTH TX 76244							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 1		13 Seat Position		14 Injury Severity A	
15 Age 66		16 Sex W		17 Eject. 2		18 Restr. 1	
19 Airbag 5		20 Helmet 97		21 Sol. N		22 Alc. Spec. 96	
23 Drug Spec. 96		24 Drug Result 97		25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.	
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address SPRATLIN SHEREE WARNER		FORT WORTH TX 76244					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name FARMERS INS	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 7-	
BL-7		Vehicle Inventoried <input checked="" type="checkbox"/> No					
Towed By TEXAS TOWING		Towed To TEXAS TOWING					

Electronically Filed  
7/28/2021 11:35 AMLaw Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDHidalgo County District Clerk  
Reviewed By: Alessandra Gaiyan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	132	1	MEDICAL CITY FORT WORTH	MEDSTAR56	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	Carrier's Corp. Name		Carrier's Primary Addr.							
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing		May Have Contrib.	Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control		
									98	3	97	3	2	6	96	

NARRATIVE AND DIAGRAM										

INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	/	0	1	/	2	0	2	1					
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					Investigator Name (Printed)	HARPER, G.	MARTIN, K					ID Num.	3380-3421													
	ORI Num.	TX 2201200												*Agency FORT WORTH POLICE DEPARTMENT										Service/ Region/DA	CENTRAL			

DIAGRAM ON SEPARATE PAGE

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total  
Num. 1 4 8  
Units

 Total  
Num. 7/28/2021 11:35 AM  
Prsn. Hidalgo County District Clerks

Electronically Filed

7/28/2021 11:35 AM

Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 11/1/2018)

Reviewed By: Alessandra Galvan

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Page 133 of 149

Refer to Attached Code Sheet for Numbered Fields

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																																																																			
	*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit																																																																	
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																																																																			
	ROAD ON WHICH CRASH OCCURRED																																																																									
VEHICLE, DRIVER, & PERSONS	*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600		3 Street Prefix		*Street Name		4 Street Suffix																																																													
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> No		Workers Present <input checked="" type="checkbox"/> No		Street Desc.																																																													
	INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																																									
	At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																																																											
	Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker		Street Desc. HWY		RRX Num.																																																															
	Unit Num. 133		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		LP Num. CVY6348		VIN 1FTRX18L6XKB39426																																																															
	Veh. Year 1999		6 Veh. Color BLK		Veh. Make FORD		Veh. Model F150		7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																															
	8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99		10 CDL End. 99		11 DL Rest. 99		DOB (MM/DD/YYYY) / /																																																													
	Address (Street, City, State, ZIP) UNKNOWN UNKNOWN UN UNK																																																																									
	<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Psn. Type</th> <th>13 Seat Position</th> <th colspan="3">Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>99</td> <td>1</td> <td>UNKNOWN</td> <td>UNKNOWN</td> <td>UNK</td> <td>99</td> <td></td> <td>99</td> <td>99</td> <td>1</td> <td>1</td> <td>2</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="20">Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>														Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line			14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	99	1	UNKNOWN	UNKNOWN	UNK	99		99	99	1	1	2	97	N	96		96	97	97	Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																			
Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line			14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																																							
1	99	1	UNKNOWN	UNKNOWN	UNK	99		99	99	1	1	2	97	N	96		96	97	97																																																							
Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																																										
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address UNKNOWN UNKNOWN UNK UNKNOWN UN UNK																																																																										
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name FOREMOST COUNTY MUTUAL Fin. Resp. Num. 43G00979206802																																																																										
27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 - - Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																										
Towed By PURRFECT TOWING Towed To PURRFECT TOWING																																																																										
VEHICLE, DRIVER, & PERSONS	Unit Num. 134		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		LP Num. FCH2874		VIN J M 3 E R 2 B 5 1 B 0 3 6 6 5 1 3																																																															
	Veh. Year 2011		6 Veh. Color BLK		Veh. Make MAZDA		Veh. Model CX-7		7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																															
	8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 34180404		9 DL Class C		10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 10/29/1983																																																													
	Address (Street, City, State, ZIP) 1700 SUNFLOWER DR CORINTH TX 76210																																																																									
	<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Psn. Type</th> <th>13 Seat Position</th> <th colspan="3">Name: Last, First, Middle Emer Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>THOMAS</td> <td>BRIAN</td> <td>MICHAEL</td> <td>B</td> <td>37</td> <td>W</td> <td>1</td> <td>1</td> <td>1</td> <td>5</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="20">Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>														Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Emer Driver or Primary Person for this Unit on first line			14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	THOMAS	BRIAN	MICHAEL	B	37	W	1	1	1	5	97	N	96		96	97	97	Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																			
	Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Emer Driver or Primary Person for this Unit on first line			14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																																						
	1	1	1	THOMAS	BRIAN	MICHAEL	B	37	W	1	1	1	5	97	N	96		96	97	97																																																						
	Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																																									
	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address THOMAS BRIAN MICHAEL 1700 SUNFLOWER DR CORINTH TX 76210																																																																									
	Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name ALLSTATE Fin. Resp. Num. 836135388																																																																									
27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 6- RD-5 Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																										
Towed By TEXAS TOWING Towed To TEXAS TOWING																																																																										

Electronically Filed  
7/28/2021 11:35 AMLaw Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDPage 134 of 149  
Hidalgo County District Clerk  
Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	134	1	LOCAL HOSPITAL	SELF	/ /	
				/ /		
				/ /		
				/ /		
				/ /		
				/ /		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR							
32 HazMat Class Num.	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No								
33 Cargo Body Type									
34 Trlr. Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR								
35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight				

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
									98	3	97	3	2	6	96

NARRATIVE AND DIAGRAM	Time Notified (24HR:MM)		How Notified	Time Arrived (24HR:MM)		Report Date (MM/DD/YYYY)	
		0620	DISPATCH	0640	03/01/2021		

INVESTIGATOR	Invest. Comp.	Investigator Name (Printed)	ID Num.
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HARPER, G. MARTIN, K	3380-3421

ORI Num.	Agency	Service/Region/DA
TX 2201200	FORT WORTH POLICE DEPARTMENT	CENTRAL

DIAGRAM ON SEPARATE PAGE

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Total Prsn. 1 3 6  
 Date 7/28/2021 1:35 AM  
 County Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 135 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 0 2 / 1 1 / 2 0 2 1		*Crash Time (24HRMM) 0 6 0 0		Case ID 210011068		Local Use																																																							
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit																																																							
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 3 2 7 9 5 1 3		Longitude (decimal degrees) - 0 9 7 3 2 2 7 7																																																									
ROAD ON WHICH CRASH OCCURRED																																																													
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600																																																							
3 Street Prefix		*Street Name		4 Street Suffix																																																									
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes																																																							
Workers Present <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Street Desc.																																																											
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																													
At Int. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1																																																							
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																																																							
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker																																																							
Street Desc. HWY		RRX Num.																																																											
Unit Num. 135		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX																																																							
LP Num. MWY2440		VIN 1 F T E W 1 E 5 4 K K D 6 9 6 6 1																																																											
Veh. Year 2 0 1 9		6 Veh. Color GRY		Veh. Make FORD		Veh. Model F150																																																							
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																											
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 00985031		9 DL Class C																																																							
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 0 1 / 2 3 / 1 9 8 2																																																									
Address (Street, City, State, ZIP) 1804 YOSEMITE LN KELLER TX 76248																																																													
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Psn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>TROTTER DAVID DENSON</td> <td>B</td> <td>39</td> <td>W</td> <td>1</td> <td>1</td> <td>1</td> <td>5</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>								Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	TROTTER DAVID DENSON	B	39	W	1	1	1	5	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																												
1	1	1	TROTTER DAVID DENSON	B	39	W	1	1	1	5	97	N	96		96	97	97																																												
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<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		TROTTER DAVID DENSON-		KELLER TX 76248																																																							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ALLSTATE																																																							
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12"		FD-7		27 Vehicle Damage Rating 2 -																																																							
Towed By TEXAS TOWING		Towed To TEXAS TOWING																																																											
Unit Num. 136		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX																																																							
LP Num. KBM0726		VIN W A 1 C 2 A F P 1 G A 1 1 3 0 1 8																																																											
Veh. Year 2 0 1 6		6 Veh. Color BLK		Veh. Make AUDI		Veh. Model Q5																																																							
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																											
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 09861486		9 DL Class C																																																							
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 0 5 / 0 7 / 1 9 7 1																																																									
Address (Street, City, State, ZIP) 4805 CARGILL CIR KELLER TX 76244																																																													
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Psn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>HERRERA NANCY LEE</td> <td>A</td> <td>49</td> <td>H</td> <td>2</td> <td>1</td> <td>1</td> <td>5</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>								Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	HERRERA NANCY LEE	A	49	H	2	1	1	5	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																												
1	1	1	HERRERA NANCY LEE	A	49	H	2	1	1	5	97	N	96		96	97	97																																												
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																													
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		HERRERA EDUARDO		FORT WORTH TX 76244																																																							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE																																																							
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12"		FD-7		27 Vehicle Damage Rating 2 6"																																																							
Towed By PURRFECT TOWING		Towed To PURRFECT TOWING																																																											



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7/28/2021 11:35 AMLaw Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDPage 138 of 149  
Hidalgo County District Clerk  
Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	135	1		LOCAL HOSPITAL	SELF	/ /
136	1		HARRIS METHODIST DOWNTOWN	MEDSTAR30	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE		Owner's Name		Owner's Address	
Damaged Property Other Than Vehicles					

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	Carrier's Corp. Name	Carrier's Primary Addr.								
31 Bus Type	<input type="checkbox"/> RGW <input type="checkbox"/> GVWR	HazMat Released		<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	
Unit Num.	<input type="checkbox"/> RGW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
								98	3	97	3	2	6	96

NARRATIVE AND DIAGRAM	Time Notified (24HR:MM)		How Notified	Time Arrived (24HR:MM)		Report Date (MM/DD/YYYY)	
		0	6	DISPATCH	0	6	03 / 01 / 2021

INVESTIGATOR	Invest. Comp.	Investigator Name (Printed)	ID Num.
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HARPER, G. MARTIN, K	3380-3421

ORI Num.	Agency	Service/ Region/DA
TX 2201200	FORT WORTH POLICE DEPARTMENT	CENTRAL

DIAGRAM ON SEPARATE PAGE

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE
Total  
Num. 1 4 8  
Units

Electronically Filed

7/28/2021 11:35 AM

Prsn: Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Reviewed By: Alessandra Galvan

 Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457  
 Refer to Attached Code Sheet for Numbered Fields

Page 137 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																																																							
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit																																																							
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																																																							
ROAD ON WHICH CRASH OCCURRED																																																													
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600																																																							
3 Street Prefix		*Street Name		4 Street Suffix																																																									
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit																																																							
Const. Zone <input checked="" type="checkbox"/> No		Workers Present <input checked="" type="checkbox"/> No		Street Desc.																																																									
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																													
At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1																																																							
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																																																							
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker																																																							
Street Desc. HWY		RRX Num.																																																											
Unit Num. 137		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State FL																																																							
LP Num. R1CII		VIN 3D7KU28CX4G283330																																																											
Veh. Year 2004		6 Veh. Color RED		Veh. Make DODGE		Veh. Model RAM 2500																																																							
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																											
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 46254136		9 DL Class C																																																							
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 06/29/1990																																																									
Address (Street, City, State, ZIP) 4304 TRANQUILITY DR FORT WORTH TX 76244																																																													
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Prsn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>PATEL MARK LEON</td> <td>B</td> <td>30</td> <td>W</td> <td>1</td> <td>1</td> <td>1</td> <td>2</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>								Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	PATEL MARK LEON	B	30	W	1	1	1	2	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																												
1	1	1	PATEL MARK LEON	B	30	W	1	1	1	2	97	N	96		96	97	97																																												
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																													
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		PATEL MARK LEON		FORT WORTH TX 76244																																																							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name UNKNOWN																																																							
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 3-																																																							
RP-6		Vehicle Inventoried <input checked="" type="checkbox"/> No																																																											
Towed By GUY SIMMONS		Towed To GUY SIMMONS																																																											
Unit Num. 138		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX																																																							
LP Num. HYF3713		VIN 1FTFW1CV9AFC62152																																																											
Veh. Year 2010		6 Veh. Color MAR		Veh. Make FORD		Veh. Model F150																																																							
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																											
8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99																																																							
10 CDL End. 99		11 DL Rest. 99		DOB (MM/DD/YYYY)																																																									
Address (Street, City, State, ZIP) UNKNOWN UNKNOWN UN UNK																																																													
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Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																												
1	99	1	UNKNOWN UNKNOWN UNK	99		99	99	1	1	2	97	N	96		96	97	97																																												
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																													
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		LEE THOMAS JR		KELLER TX 76248																																																							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name GEICO																																																							
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 -																																																							
RP-6		Vehicle Inventoried <input checked="" type="checkbox"/> No																																																											
Towed By LONE STAR TOWING		Towed To LONE STAR																																																											

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7/28/2021 11:35 AMLaw Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDHidalgo County District Clerk  
Reviewed By: Alessandra Garza

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	137	1		LOCAL HOSPITAL	SELF	/ /
					/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	Carrier's Corp. Name	Carrier's Primary Addr.							
31 Bus Type	<input type="checkbox"/> RGWW	<input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	
Unit Num.	<input type="checkbox"/> RGWW	<input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW	<input type="checkbox"/> GVWR	34 Trlr. Type	
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control		
								98	3	97	3	2	6	96		

NARRATIVE AND DIAGRAM	Time Notified (24HR:MM)		How Notified	Time Arrived (24HR:MM)		Report Date (MM/DD/YYYY)	
		0620	DISPATCH	0640	03/01/2021		

INVESTIGATOR	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	ID Num.
			HARPER, G. MARTIN, K

ORI Num.	Agency	Service/Region/DA
TX 2201200	FORT WORTH POLICE DEPARTMENT	CENTRAL

DIAGRAM ON SEPARATE PAGE

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONETotal Num. 1 4 8 Total Num. 7/28/2021 11:35 AM  
Units 1 3 6 Printed Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 139 of 149

Refer to Attached Code Sheet for Numbered Fields

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit	
Const. Zone <input checked="" type="checkbox"/> No		Workers Present <input checked="" type="checkbox"/> No		Street Desc.			
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 139		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. JXM2353		VIN 2G1WG5E37D1189481					
Veh. Year 2013		6 Veh. Color GRY		Veh. Make CHEVROLET		Veh. Model IMPALA	
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 23253328		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 05/13/1988			
Address (Street, City, State, ZIP) 5013 SHACKLEFORD FORT WORTH TX 76119							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: ARMSTRONG ALEXANDER JACQUETTE	
14 Injury Severity B		Age 32		15 Ethnicity B		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address ARMSTRONG ALEXANDER JACQUETTE 5013 SHACKLEFORD FORT WORTH TX 76119							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type		Fin. Resp. Name		Fin. Resp. Num.	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 6-		RD-7		27 Vehicle Damage Rating 2 12-	
FD-5		Vehicle Inventoried <input checked="" type="checkbox"/> No					
Towed By PURRFECT TOWING				Towed To PURRFECT TOWING			
Unit Num. 140		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. LHD1926		VIN 1GYSA4NKJ8FR740992					
Veh. Year 2021		6 Veh. Color SIL		Veh. Make CADILLAC		Veh. Model ESCALADE	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 34089531		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 09/02/1970			
Address (Street, City, State, ZIP) 821 BIG SKY WAY ARGYLE TX 76226							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: DANIEL LESLIE S	
14 Injury Severity B		Age 50		15 Ethnicity W		16 Sex 2	
17 Eject. 1		18 Restr. 1		19 Airbag 2		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address DANIEL LESLIE S 821 BIG SKY WAY ARGYLE TX 76226							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name FARMERS		Fin. Resp. Num. 44226567	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-4		27 Vehicle Damage Rating 2 -	
FD-4		Vehicle Inventoried <input checked="" type="checkbox"/> No					
Towed By TEXAS TOWING				Towed To TEXAS TOWING			

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7/28/2021 11:35 AM

Page 149 of 149

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDHidalgo County District Clerk  
Reviewed By: Alessandra Salvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	139	1		LOCAL HOSPITAL	SELF	/ /
140	1		LOCAL HOSPITAL	SELF	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	31 Bus Type		<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.
Unit Num.		<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight			Total Num. Axles:

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
									98	3	97	3	2	6	96	

NARRATIVE AND DIAGRAM

INVESTIGATOR	Time Notified (24HR:MM)	How Notified	Time Arrived (24HR:MM)	Report Date (MM/DD/YYYY)
		0 6 2 0	DISPATCH	0 6 4 0

INVESTIGATOR	Invest. Comp.	Investigator Name (Printed)	ID Num.	Service/ Region/DA
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HARPER, G. MARTIN, K	3380-3421	C E N T R L

ORI Num.	Agency
T X 2 2 0 1 2 0 0	FORT WORTH POLICE DEPARTMENT



☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. 1 4 8 Units	Total Num. 7/28/2021 11:35AM Prsn: Hidalgo County District Clerks
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Reviewed By: Alessandra Galvan

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Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

★=These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Department  
of Transportation

\*=These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Department of Transportation *Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use		
*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277		
ROAD ON WHICH CRASH OCCURRED								
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600		
3 Street Prefix		*Street Name		4 Street Suffix				
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Workers Present <input checked="" type="checkbox"/> No		Street Desc.						
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER								
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST		
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker		
Street Desc. HWY		RRX Num.						
Unit Num. 141		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		
LP Num. DJZ7317		VIN S A L A E 2 5 4 X 6 A 3 7 0 9 7 7						
Veh. Year 2006		6 Veh. Color BLU		Veh. Make LAND ROVER		Veh. Model LR3		
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)						
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 06457878		9 DL Class C		
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 11/12/1954				
Address (Street, City, State, ZIP) 7733 MARBLE CANYON DR FORT WORTH TX 76137								
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line								
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: THOMASON LINDA G		
14 Injury Severity B		Age 66		15 Ethnicity W		16 Sex 2		
17 Eject. 1		18 Restr. 1		19 Airbag 1		20 Helmet 97		
21 Sol. N		22 Alc. Spec. 96		23 Alc. Result 96		24 Drug Spec. 97		
25 Drug Result 97		26 Drug Category		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.				
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee								
Owner/Lessee Name & Address THOMASON JOHN 7733 MARBLE CANYON DR FORT-WORTH TX 76137								
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name FARMERS		
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-3		27 Vehicle Damage Rating 2 -		
Towed By BIVINS TOWING		Towed To BIVINS TOWING						
Unit Num. 142		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		
LP Num. MDD5120		VIN 5 X Y P G D A 5 9 J G 3 5 2 4 5 3						
Veh. Year 2014		6 Veh. Color WHI		Veh. Make FORD		Veh. Model F150		
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)						
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 04890219		9 DL Class CM		
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 04/21/1988				
Address (Street, City, State, ZIP) 4059 TULIP TREE DR FORT WORTH TX 76137								
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line								
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: BIRD IAN P		
14 Injury Severity B		Age 32		15 Ethnicity W		16 Sex 1		
17 Eject. 1		18 Restr. 2		19 Airbag 97		20 Helmet N		
21 Sol. 96		22 Alc. Spec. 96		23 Alc. Result 96		24 Drug Spec. 97		
25 Drug Result 97		26 Drug Category		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.				
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee								
Owner/Lessee Name & Address BIRD IAN P 4059 TULIP TREE DR FORT WORTH TX 76137								
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name USAA		
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-6		27 Vehicle Damage Rating 2 -		
Towed By BIVINS TOWING		Towed To BIVINS TOWING						

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Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDHidalgo County District Clerk  
Reviewed By: Alessandra Garza

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	141	1		LOCAL HOSPITAL	SELF	/ /
142	1		LOCAL HOSPITAL	SELF	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	31 Bus Type		<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
Unit Num.		<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering- Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
									98	3	97	3	2	6	96

NARRATIVE AND DIAGRAM

INVESTIGATOR	Time Notified (24HR:MM)	How Notified	Time Arrived (24HR:MM)	Report Date (MM/DD/YYYY)
		0 6 2 0	DISPATCH	0 6 4 0

ORI Num.	Invest. Comp.	Investigator Name (Printed)	Agency	Service/ Region/DA	ID Num.

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Total Prsn. 1 3 6  
 Units 1 3 6

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7/28/2021 3:35 PM

Hidalgo County District Clerks

Reviewed By: Alessandra Galvan

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 Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)  
 Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 0 2 / 1 1 / 2 0 2 1		*Crash Time (24HRMM) 0 6 0 0		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 3 2 7 9 5 1 3		Longitude (decimal degrees) - 0 9 7 3 2 2 7 7		<input type="checkbox"/> Outside City Limit	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3 Street Prefix		*Street Name		4 Street Suffix		Street Desc.	
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 143		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. NVD5172		VIN 1 C 6 S R F J T 4 L N 3 9 5 2 8 9					
Veh. Year 2 0 2 0		6 Veh. Color WHI		Veh. Make DODGE		Veh. Model RAM 1500	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 3644117		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 0 4 / 2 4 / 1 9 8 6			
Address (Street, City, State, ZIP) 506 RANCHWOOD DR JUSTIN TX 76247							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: OSBORNE WESLEY ADAM	
14 Injury Severity N		Age 34		15 Ethnicity W		16 Sex 1	
17 Eject 1		18 Restr. 1		19 Airbag 1		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address SABER-POWER SERVICES 9841 SABER POWER LN ROSHARON TX 77583							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name GREAT NORTHERN	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 6-		RD-2		27 Vehicle Damage Rating 2 -	
Towed By CARDINAL TOWING		Towed To CARDINAL TOWING					
Unit Num. 144		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. MKM2960		VIN 1 N 4 B L 4 B V 5 L C 1 5 3 7 9 0					
Veh. Year 2 0 2 0		6 Veh. Color SIL		Veh. Make NISSAN		Veh. Model ALTIMA	
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 15669974		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 1 2 / 0 3 / 1 9 6 8			
Address (Street, City, State, ZIP) 409 CLAIREMONT AVE FORT WORTH TX 76103							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: GOULD LORENZO	
14 Injury Severity B		Age 52		15 Ethnicity B		16 Sex 1	
17 Eject 1		18 Restr. 1		19 Airbag 5-		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address EAN HOLDINGS LLC 14002 EAST 21ST ST #1500 TULSA OK 74134							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name TEXAS FARM BUREAU	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 3-	
Towed By MILNER TOWING		Towed To MILNER TOWING					

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7/28/2021 11:35 AM

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Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDHidalgo County District Clerk  
Reviewed By: Alessandra Garvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	144	1	LOCAL HOSPITAL	SELF	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
	Carrier's Corp. Name	Carrier's Primary Addr.					30 Veh. Type	
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control		
								98	3	97	3	2	6	96		

NARRATIVE AND DIAGRAM														

INVESTIGATOR	Time Notified (24HR:MM)	How Notified	Time Arrived (24HR:MM)	Report Date (MM/DD/YYYY)	ID Num.
		0 6 2 0	DISPATCH	0 6 4 0	0 3 / 0 1 / 2 0 2 1

ORI Num.	Invest. Comp.	Investigator Name (Printed)	Agency	Service/Region/DA

DIAGRAM ON SEPARATE PAGE



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Units 1 4 8  
 Total Psn 7/28/2021 3:35 AM  
 Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 145 of 149

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit	
Const. Zone <input checked="" type="checkbox"/> No		Workers Present <input checked="" type="checkbox"/> No		Street Desc.			
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 145		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. FLY1363		VIN 2GKFLRE39F6220122					
Veh. Year 2015		6 Veh. Color BLK		Veh. Make GMC		Veh. Model TERRAIN	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 33739641		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 02/13/1995			
Address (Street, City, State, ZIP) 1012 KEYSTONE CT DENTON TX 76207							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: Last, First, Middle ROBINSON JESSE	
14 Injury Severity B		Age 25		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 2		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address WISE SHELBY 2606 DURANGO RIDGE DR BEDFORD TX 76021					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name USAA	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 -	
Towed By ALLIANCE TOWING KELLER		Towed To ALLIANCE TOWING KELLER					
Unit Num. 146		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. CFP1992		VIN 3FADP4BJ4EM110683					
Veh. Year 2014		6 Veh. Color GRY		Veh. Make FORD		Veh. Model FIESTA	
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 29219284		9 DL Class A-	
10 CDL End. 96		11 DL Rest. P17		DOB (MM/DD/YYYY) 03/14/1989			
Address (Street, City, State, ZIP) 14637 SUNDGOW WAY HASLET TX 76052							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: Last, First, Middle GARCIA RAMIREZ JULIO	
14 Injury Severity B		Age 31		15 Ethnicity H		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 1		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address OJEDA JANNET 4916 SAUCER DR HALTOM CITY TX 76117					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name STATE FARM	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-3		27 Vehicle Damage Rating 2 -	
Towed By LONESTAR TOWING		Towed To LONESTAR TOWING					



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7/28/2021 11:35 AMLaw Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDPage 146 of 149  
Hidalgo County District Clerk  
Reviewed By: Alessandra Salvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	145	1		JOHN PETER SMITH	SELF	/ /
146	1		LOCAL HOSPITAL	SELF	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	Carrier's Corp. Name	Carrier's Primary Addr.							
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
								98	3	97	3	2	6	96

NARRATIVE AND DIAGRAM	Time Notified (24HR:MM)		How Notified	Time Arrived (24HR:MM)		Report Date (MM/DD/YYYY)	
		0 6 2 0	DISPATCH	0 6 4 0	0 3 / 0 1 / 2 0 2 1		

INVESTIGATOR	Invest. Comp.	Investigator Name (Printed)	ID Num.
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HARPER, G. MARTIN, K	3380-3421

ORI Num.	*Agency	Service/Region/DA
TX 2 2 0 1 2 0 0	FORT WORTH POLICE DEPARTMENT	C E N T R L

DIAGRAM ON SEPARATE PAGE

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Units 1 3 6  
 Total Num. 7/28/2021 11:35 AM  
 Printed Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 147 of 149

Refer to Attached Code Sheet for Numbered Fields

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277		<input type="checkbox"/> Outside City Limit	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Workers Present		<input checked="" type="checkbox"/> No		Street Desc.		<input checked="" type="checkbox"/> No	
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 147		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run	
LP State TX		LP Num. MMX2133		VIN 3GNKBGRS4K5666930			
Veh. Year 2019		6 Veh. Color WHI		Veh. Make CHEVROLET		Veh. Model BLAZER	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 13849792		9 DL Class A	
10 CDL End. 96		11 DL Rest. K		DOB (MM/DD/YYYY) 03/19/1971			
Address (Street, City, State, ZIP) 829 AMBERWOOD CT HASLET TX 76052							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: PENNINGTON CHRISTOPHER	
14 Injury Severity B		Age 49		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 1		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address JR'S CRANE AND EXCAVATION 5420 HWY 69 GREENEVILLE TX 75402							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name SELF	
27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 -		Vehicle Inventoried <input checked="" type="checkbox"/> No	
Towed By TEXAS TOWING				Towed To TEXAS TOWING			
Unit Num. 148		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run	
LP State TX		LP Num. GGB0398		VIN 1FMYK7B89GGB36541			
Veh. Year 2016		6 Veh. Color SIL		Veh. Make FORD		Veh. Model EXPLORER	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 06180063		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 04/17/1958			
Address (Street, City, State, ZIP) 8021 ARLIE LN NORTH RICHLAND HILLS TX 76182							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: EZELLE BRENT -REID	
14 Injury Severity N		Age 62		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 2		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address TARRANT COUNTY 100 E WEATHERFORD ST #303 FORT WORTH TX 76196							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name SELF	
27 Vehicle Damage Rating 1 6-		RD-7		27 Vehicle Damage Rating 2 12-		FD-7	
Vehicle Inventoried <input checked="" type="checkbox"/> No							
Towed By TEXAS TOWING				Towed To TEXAS TOWING			

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Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDHidalgo County District Clerk  
Reviewed By: Alessandra Garza

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	147	1	JOHN PETER SMITH	MEDSTAR27	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type	
	Carrier's Corp. Name										Carrier's Primary Addr.
	31 Bus Type	<input type="checkbox"/> RGW <input type="checkbox"/> GVWR		HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.		HazMat ID Num.		32 HazMat Class Num.	HazMat ID Num.
	Unit Num.	<input type="checkbox"/> RGW <input type="checkbox"/> GVWR		34 Trlr. Type		CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.		<input type="checkbox"/> RGW <input type="checkbox"/> GVWR	34 Trlr. Type
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight		Total Num. Axles:	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
										98	3	97	3	2	6

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE														

INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	/	0	1	/	2	0	2	1				
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					Investigator Name (Printed)	HARPER, G.	MARTIN, K					ID Num.	3380-3421												
	ORI Num.	T X 2 2 0 1 2 0 0				*Agency FORT WORTH POLICE DEPARTMENT																	Service/ Region/DA	C E N T R L			

Law Enforcement and TxDOT Use ONLY.  
DIAGRAM

Case ID 210011068

TxDOT Crash ID

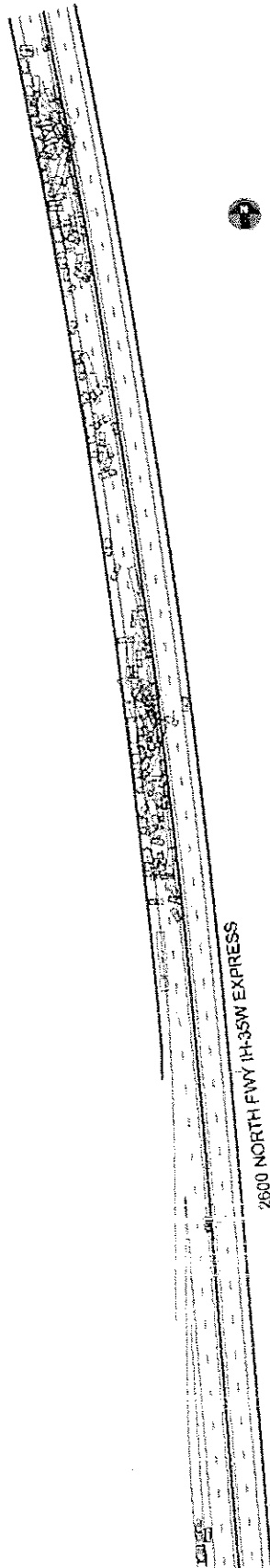
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Hidalgo County District Clerk

Reviewed By: Alessandra Galvan



2600 NORTH FWY IH-35W EXPRESS



210011068  
DET. K.G. MARTIN 3421  
TRAFFIC INVESTIGATIONS

A-11



93<sup>rd</sup> JUDICIAL DISTRICT

DATE 8/5/2021  
A true copy certify  
LAURA HINOJOSA  
District Clerk, Hidalgo County, Texas  
By [Signature] Deputy #34

4. Defendants deny that they are liable under the doctrine of Respondeat Superior.
5. Defendants deny that they failed to exercise extreme caution in hazardous conditions, consistent with federal trucking rules and regulations.
6. Defendants deny that they failed to properly monitor road conditions.
7. Defendants deny that they failed to properly inspect.
8. Defendants deny that they failed to promulgate, institute and/or enforce policies related to safe driving.
9. Defendants deny that they failed to properly train their drivers.
10. Defendants deny that they failed to properly identify and address hazards.
11. Defendants deny that they failed to follow applicable state and federal rules and regulations, including but not limited to the Federal Safety Carrier Regulations.
12. Defendants deny that they failed to properly screen and hire their drivers.
13. Defendants deny that they negligently entrusted their tractors and/or trailers to drivers who were not properly trained or qualified or were incompetent.
14. Defendants deny that they knew or had reason to know that their drivers were not properly trained or qualified, or incompetent, and should not have been operating the vehicle.
15. Defendants deny that they breached any duties, including the duty to not drive a vehicle in a manner with willful or wanton disregard for the safety of others.
16. Defendants deny that they had actual subjective awareness of any risk involved but proceeded in conscious indifference to the rights, safety, and/or welfare of others, including Plaintiff.
17. Defendants deny that Plaintiff is entitled to recover damages for physical pain and suffering in the past and future.

18. Defendants deny that Plaintiff is entitled to recover damages for mental anguish in the past and future.

19. Defendants deny that Plaintiff is entitled to recover damages for physical impairment and disfigurement in the past and future.

20. Defendants deny that Plaintiff is entitled to recover damages for medical expenses in the past and future.

21. Defendants deny that Plaintiff is entitled to recover damages for loss of earning capacity in the past and future.

22. Defendants deny that Plaintiff is entitled to recover damages for loss of household services in the past and future.

23. Defendants deny that Plaintiff is entitled to recover punitive damages.

### **III. AFFIRMATIVE DEFENSES**

24. Defendants would show that Plaintiff was contributorily negligent. Defendants allege that the conduct of Plaintiff in failing to use ordinary care was fifty-one (51%) percent of the cause of the incident.

25. Defendants allege that the injuries and damages suffered by Plaintiff were caused by the conduct, intentional, or negligent acts or omissions of third-parties or a third-party over whom Defendants had no control or right of control. Defendants had no control or right of control of the third party at the time of the incident and the conduct, negligence, and/or intentional acts of the third party were a proximate cause, or in the alternative, the sole proximate cause of Plaintiff's alleged injuries and damages.

26. Defendants allege that Plaintiff's alleged injuries were proximately caused in whole or in part by an Act of God which was outside the control of Defendants.

27. Defendants invoke the provisions of Texas Civil Practice and Remedies Code Section 41.0105 and plead that Plaintiff's medical damages are limited to medical and health care expenses actually paid or incurred by or on behalf of Plaintiff as a result of the injuries that are the subject of this suit.

28. Further, Defendants will show that any award of interest that is in excess of the applicable market rate of interest during the relevant time period would be arbitrary, violate public policy, and violate the due process and equal protection guarantees of the Texas and United States Constitutions.

29. Defendants assert that if exemplary damages are awarded, any award should be subject to the limits imposed by § 41.008 of the Texas Civil Practice & Remedies Code.

30. Defendants further allege that under Texas law, a jury has wholly unfettered discretion to award exemplary damages in a tort case in which Defendants act with a sufficient mental state. Any award of exemplary damages violates the due process clause of the Fifth Amendment and Fourteenth Amendment to the United States Constitution, in addition to Article 1, Section 19 of the Texas Constitution, in that:

- a. Such punitive damages are intended to punish and deter Defendants and thus this proceeding becomes essentially criminal in nature;
- b. Defendants are being compelled to be a witness against itself in a proceeding that is essentially and effectively criminal in nature, in violation of Defendants' rights to due process, and in violation of the Constitutions of the United States and the State of Texas;
- c. Plaintiff's burden of proof to establish punitive damages in this proceeding, which is effectively criminal in nature, is less than the burden of proof required in all other criminal proceedings, and thus violates Defendants' rights to due process as guaranteed by the Fourteenth Amendment of the United States Constitution and the rights of each Defendant under Article 1, Section 19 of the Texas Constitution; and

- d. Inasmuch as this proceeding is essentially and effectively criminal in nature, Defendants are being denied the requirements of adequate notice of the elements of the offense, and that such statutory and common law theories purportedly authorizing punitive damages are sufficiently vague and ambiguous, and Plaintiff's Original Petition which purports to invoke such statutory and/or common law theory is so vague and ambiguous as to be in violation of the Due Process Clause of the Fourteenth Amendment to the United States Constitution and in violation of Article 1, Section 19 of the Texas Constitution.

31. Defendants would also show that Plaintiff's claims for punitive or exemplary damages violate Defendants' right to protection from being subjected to excessive fines, as provided in Article 1, Section 13 of the Texas Constitution.

32. Defendants would further show that Plaintiff is not entitled to any award of exemplary damages. Plaintiff has not sufficiently pled allegations of intentional or willful conduct or intentional acts authorized or ratified by Defendants.

#### **IV. NOTICE THAT DOCUMENTS WILL BE PRODUCED**

33. Pursuant to Rule 193.7 of the Texas Rules of Civil Procedure, Defendants give notice that all documents produced by Plaintiff will be used at any pretrial proceeding or at the trial of this case.

#### **V. PRAYER**

34. Defendants GG's Produce Transport, LLC and I Garza LLC request that they be released and discharged of the allegations filed against them, that Plaintiff take nothing by reason of this lawsuit, and for such other and further relief, both in law and in equity to which Defendants GG's Produce Transport, LLC and I Garza LLC may be justly entitled.

Respectfully submitted,

**SHEEHY, WARE & PAPPAS, P.C**



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7/29/2021 3:00 PM  
Hidalgo County District Clerks  
Reviewed By: Monica Valdez

/s/ Jana H. Taylor

**JANA HICKS TAYLOR**

SBN: 24012826

3838 Oak Lawn Avenue, Suite 250

Dallas, Texas 75219

(214) 521-7500 Telephone

(214) 520-1708 Facsimile

jtaylor@sheehyware.com

**ATTORNEYS FOR DEFENDANT**

**GG'S PRODUCE TRANSPORT, LLC**

**AND I GARZA LLC**

<b>CERTIFICATE OF SERVICE</b>
-------------------------------

I hereby certify that a true and correct copy of the foregoing document has been provided to all known counsel of record pursuant to the Texas Rules of Civil Procedures on this 29<sup>th</sup> day of July, 2021.

/s/ Jana H. Taylor

**JANA HICKS TAYLOR**

A-12

CAUSE NO. C-1550-21-B

CHRISTOPHER PENNINGTON	§	IN THE DISTRICT COURT OF
	§	
VS.	§	HIDALGO COUNTY, TEXAS
	§	
FEDEX GROUND PACKAGE SYSTEM, INC.	§	
GG'S PRODUCE TRANSPORT, LLC,	§	
I GARZA LLC, J.B. HUNT TRANSPORT, INC.,	§	
RICH TRANSPORT, LLC, AND GO TO.	§	
LOGISTICS, INC.	§	93 <sup>RD</sup> JUDICIAL DISTRICT

**DEFENDANT GO TO LOGISTICS, INC.'S MOTION TO TRANSFER VENUE  
AND SUBJECT THERETO ORIGINAL ANSWER**

COMES NOW GO TO LOGISTICS, INC. ("Defendant"), one of the defendants in the above-entitled and numbered cause, and files this, its Motion to Transfer Venue and Subject Thereto Original Answer to Plaintiff's Original Petition. In support of same, Defendant would respectfully show unto this Honorable Court the following:

**I. Motion to Transfer Venue**

1. Plaintiff brought this lawsuit alleging he was injured as a result of a multi-vehicle accident that occurred in Tarrant County on February 11, 2021. Based on the initial accident report prepared by the Fort Worth Police Department, there were over 100 vehicles involved in the early morning traffic pile-up comprised of tractor-trailer combo units, passenger vehicles, and other commercial vehicles. *See* Exhibit A. Black ice conditions were discovered on the area of the I-35 Expressway lanes in Fort Worth, Texas, where the accidents occurred.

2. Defendant is one of the six motor carrier Defendants in this lawsuit. At the time of the accident at issue, Defendant's principal place of business was in River Grove, Illinois.

3. Plaintiff's Original Petition states venue is proper in Hidalgo County, Texas, "as Defendants reside in, are registered to do business in Texas, and/or conduct continuous and systemic business activities in this state" and "because this is the county in which at least one Defendant maintains a principal office or residence." Defendants GG's Produce Transport, LLC

DATE 8/5/2021  
A true copy I certify  
LAURA HINOJOSA  
District Clerk, Hidalgo County, Texas  
By [Signature] Deputy #34

(“GG”) and I Garza LLC (“IG”) are located in Hidalgo County, Texas. These allegations regarding GG and IG are the sole and only bases for Plaintiff’s attempt to maintain venue in Hidalgo County.

4. Venue is improper in Hidalgo County, Texas, and therefore, Defendant moves this Court to transfer this matter to Tarrant County, Texas, for the reasons set forth below.

#### **Argument & Authorities**

5. The general venue rule set forth in Section 15.002(a) of the Texas Civil Practices & Remedies Code provides that, except for any mandatory or permissive venue provisions under the Code, all lawsuits shall be brought:

- a. in the county in which all or a substantial part of the events or omissions giving rise to the claim occurred;
- b. in the county of defendant’s residence at the time the cause of action accrued if defendant is a natural person;
- c. in the county of the defendant’s principal office in this state, if the defendant is not a natural person; or
- d. if Subdivisions (1), (2), and (3) do not apply, in the county in which the plaintiff resided at the time of the accrual of the cause of action.

6. Venue of a suit is based on the facts existing at the time the cause of action that is the basis of the suit accrued. TEX. CIV. PRAC. & REM. CODE §15.006. Accordingly, venue is proper in Tarrant County pursuant to Section 15.002(a)(1) as this is the county where the accident occurred.

7. Alternatively, and without waiving the foregoing, Defendant requests a transfer to Tarrant County for convenience due to the inherent nature of discovery to be conducted and other related matters in a case of this size and scope which favor Tarrant County as the venue of convenience. A trial court may transfer a case to another county of proper venue in the interest of justice and for the convenience of the parties and witnesses. TEX. CIV. PRAC. & REM. CODE § 15.002(b). To transfer venue based upon convenience, the trial court must find that:

- a. maintaining the action in Hidalgo County would work an injustice to Defendant considering its respective personal and economic hardship;

- b. the balance of interests of all parties predominates in favor of the action being brought in Tarrant County; and
- c. transfer to Tarrant County would not work an injustice to Plaintiff. See TEX. CIV. PRAC. & REM. CODE § 15.002(b)(1)-(3).

8. All of these requirements are satisfied by transferring the case to Tarrant County. The accident at issue occurred in Tarrant County involving over 100 vehicles and over 100 individuals. *See Exhibit A.* Based on information in Exhibit A, 81 of the 113 driver-witnesses identified in the police report are residents of Tarrant County. *See Exhibit A.* The Fort Worth Police Department was the law enforcement agency that responded to and investigated the accident and Tarrant County emergency medical personnel and other first responders were dispatched to the scene from Tarrant County as well and are all fact witnesses in this case outside the subpoena power of Hidalgo County courts to appear for trial in this matter.

9. Conducting discovery and trial in this case in Hidalgo County would impose personal and economic hardship on all litigants in this case as the overwhelming scope of discovery would need to be conducted in Tarrant County while discovery disputes and other pre-trial matters for the court are being conducted in Hidalgo County. Transferring this case to Tarrant County would serve the interests of all parties because evidence and testimony would be more readily available there as an overwhelming majority of the driver-witnesses (and likely their passengers) involved in the accident reside in Tarrant County and because non-party witnesses such as police officers, emergency medical personnel, and other first responders would be less inconvenienced. Finally, transferring the case to Tarrant County would not work an injustice to Plaintiff who resided in Haslet, Texas, at the time of the accident which is located in both Tarrant County and Denton County. *See Exhibit A, pg. 148 for Mr. Pennington's address and the accident location.*

10. For these reasons, Defendant requests that the Court grant its Motion and transfer venue to Tarrant County, Texas, where the accident occurred pursuant to Tex. Civ. Prac. & Rem. CODE §



15.002(a)(1) or alternatively for the convenience of the parties and witnesses pursuant to Tex. Civ. Prac. & Rem. CODE § 15.002(b).

**Subject to the foregoing Motion to Transfer Venue, Defendant Answers as Follows:**

**II. General Denial**

11. Pursuant to Tex. R. Civ. P. 92, Defendant enters a general denial of the matters pled by Plaintiff and demands strict proof thereof.

**III. Other Defenses and Limitations of Liability**

12. Specially answering, Defendant states that on the occasion in question, Plaintiff failed to exercise that degree of care which a person of ordinary care would have exercised in the same or similar circumstances, and that such failure proximately caused or contributed to his alleged injuries.

13. Pleading additionally, or in the alternative, Defendant states that upon further discovery in this case, information will be obtained demonstrating the injuries and conditions of which Plaintiff complains preexisted or occurred subsequent to this accident and were not proximately caused by this accident.

14. Pleading further, Defendant, still urging and relying on the matters set forth above, asserts the statutory limitations of liability for medical expenses set forth in Section 41.0105 of the Texas Civil Practice & Remedies Code to the extent any of Plaintiff's medical specials exceed the amount actually paid on his behalf. Therefore, recovery of medical or healthcare expenses incurred by Plaintiff is limited to the amount actually paid by or on behalf of him.

15. To the extent Plaintiff is alleging lost wages or loss of earning capacity as a result of the accident in question, Defendant would show such recovery is limited to post-tax earnings or net earnings figured pursuant to the Texas Civil Practices and Remedies Code and other applicable statutes and/or case law.

16. Plaintiff's alleged injuries were the result of a new and independent cause arising after Defendant's acts and omissions which Plaintiff alleges proximately caused his injuries.

17. Plaintiff's alleged injuries were caused solely by the acts and/or omissions of a third-party or third-parties over whom Defendant had no control at the time of the accident at issue.

18. Pleading additionally, or in the alternative, Defendant states that Plaintiff failed to properly fulfill all conditions precedent and/or subsequent necessary to maintaining this lawsuit.

19. Pleading additionally, or in the alternative, Defendant states that the accident was unavoidable and caused by an unforeseen, nonhuman event other than the result of the conduct of any party.

20. Pleading additionally, or in the alternative, Defendant states that the accident was the result of a sudden emergency that arose suddenly and unexpectedly and not as the result of the negligence of Defendant or its driver, and the situation required immediate action without time for deliberation, and Defendant's driver acted as a person of ordinary prudence would have acted under the same or similar circumstances.

#### **IV. Notice of Intent to Use Documents**

21. Pursuant to Rule 193.7 of the Texas Rules of Civil Procedure, Defendant hereby gives notice of its intent to use all documents produced in the course of this litigation at any pre-trial or trial proceeding.

#### **V. Prayer**

22. WHEREFORE, PREMISES CONSIDERED, defendant GO TO LOGISTICS, INC., prays that the Court grants its Motion and transfer venue to Tarrant County, Texas. Subject thereto, defendant GO TO LOGISTICS, INC., prays it be dismissed from this suit without prejudice, and further, that Plaintiff take nothing by virtue of his claims and causes of action against Defendant,

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Hidalgo County District Clerks  
Reviewed By: Keila Hernandez

and that Defendant recover its costs of court, and for such other and further relief, whether general or special, legal or equitable, to which Defendant may show itself justly entitled to receive.

Respectfully submitted,

**BAIRHILTY, P.C.**

/s/ Marc B. Johnson

MARC B. JOHNSON

mjohnson@bairhilty.com

TBN: 90001975

WENDI R. ERVIN

TBN: 06651220

wervin@bairhilty.com

14711 Pebble Bend Drive

Houston, Texas 77068

Telephone: (713) 862-5599

Facsimile: (713) 868-9444

**ATTORNEYS FOR DEFENDANT GO TO  
LOGISTICS, INC.**

**CERTIFICATE OF SERVICE**

I hereby certify that a true and correct copy of the above and foregoing instrument was served on all known counsel of record, in the manner required by the Texas Rules of Civil Procedure, on this the 30th day of July 2021.

/s/ Marc B. Johnson

MARC B. JOHNSON



125 EAST 11TH STREET, AUSTIN, TEXAS 78701-2483 | 512.463.8588 | WWW.TXDOT.GOV

Tue, 16 March 2021

STATE OF TEXAS §

This is to certify that I, Jim Hollis, am employed by the Texas Department of Transportation (Department); that I am the Custodian of Motor Vehicle Crash Records for such Department; that the attached is a true and correct copy of the peace officer's report filed with the Department referred to in the attached request with the crash date of Thu, 11 February 2021, which occurred in Tarrant County; that the investigations of motor vehicle crashes by peace officers are authorized by law; that this Texas Peace Officer's Crash Report is required by law to be completed and filed with this Department; that this report sets forth matters observed pursuant to duty imposed by law as to which matters there was a duty to report, or factual findings resulting from an investigation made pursuant to authority granted by law.

Jim Hollis  
Director, Crash Data & Analysis Section  
125 East 11<sup>th</sup> Street  
Austin, TX 78701-2483  
1-844-274-7457



OUR VALUES: *People • Accountability • Trust • Honesty*  
OUR MISSION: *Connecting You With Texas*

An Equal Opportunity Employer

**EXHIBIT A**

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total  
Num. Units 1 4 8

 Total  
Num. Prsns. 1 3 6

 TxDOT  
Crash ID 19142877.1  
/2021093B66

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Page 1 of 4

*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 00		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
<input type="checkbox"/> In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) 097.32277					
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. TL Sys.		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		* Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. LR Sys.		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 1		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. GXG2275		VIN 5YFBURHE0GP446084					
Veh. Year 2016		6. Veh. Color BLK		Veh. Make TOYOTA		Veh. Model COROLLA	
7 Body Style P4		<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 4141823		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 04 / 06 / 1979			
Address (Street, City, State, ZIP) 14005 DREAMRIVER TRL HASLET, TX 76052							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		SHOOK, JOBETH WILBERS	
14 Injury Severity N		Age 41		15 Ethnicity W		16 Sex 2	
17 Eject. 1		18 Restr. 1		19 Airbag 2		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address SHOOK, JOBETH WILBERS, 14005 DREAMRIVER TRL HASLET, TX 76052							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE	
Fin. Resp. Num. 909766662		27 Vehicle Damage Rating 1 1 2 - F D - 2		27 Vehicle Damage Rating 2 - - - - -		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By DRIVEN				Towed To BY OWNER			
Unit Num. 2		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. DHY6715		VIN 1FADP3K23E1276066					
Veh. Year 2014		6. Veh. Color RED		Veh. Make FORD		Veh. Model FOCUS	
7 Body Style P4		<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99	
10 CDL End. -99		11 DL Rest. 99		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP) UNKNOWN UNKNOWN UNK							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		UNKNOWN	
14 Injury Severity 99		Age 99		15 Ethnicity 99		16 Sex 99	
17 Eject. 1		18 Restr. 99		19 Airbag 99		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address ADAMS, LISA RENEE, 405 COLETTE CT BELTON, TX 76153							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name USAA	
Fin. Resp. Num. 0370637777101		27 Vehicle Damage Rating 1 1 2 - F D - 6		27 Vehicle Damage Rating 2 - - - - -		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By				Towed To			



# Copy from Custodial File

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total  
Num. Units 1 4 8

 Total  
Num. Persns. 1 3 6

 TxDOT  
Crash ID 18142877.1  
/2021093866

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

 Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457  
 Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Page 3 of 3

*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 : 00		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) 097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. TL Sys.		*Hwy. 35 Num.		2 Rdwy. 1 Part		Block 2600 Num.	
3 Street Prefix		* Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/ Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. LR Sys.		Hwy. Num.		2 Rdwy. 1 Part	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 3		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. CSZ8504		VIN 1N3BXBR32B28Z015365					
Veh. Year 2008		6 Veh. Color SIL		Veh. Make TOYOTA		Veh. Model COROLLA	
7 Body Style P4		<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 26786442		9 DL Class C	
10 CDL End. 99		11 DL Rest. A		DOB (MM/DD/YYYY) 11 / 04 / 1987			
Address (Street, City, State, ZIP) 8145 IRON DR #427 FORT WORTH, TX 76137							
Person Num.		12 Psn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity		Age		15 Ethnicity		16 Sex	
17 Eject.		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.	
24 Drug Result		25 Drug Category					
1		1		1		LIND, MELISSA CATHERINE	
N		33		B		2	
1		1		2		97	
N		96				96	
97		97				97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address LIND, MELISSA CATHERINE, 8145 IRON DR #427 FORT WORTH, TX 76137					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE		Fin. Resp. Num. 915131443	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 6		27 Vehicle Damage Rating 2 - - - - -		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By ABC WRECKER		Towed To ABC WRECKER YARD					
Unit Num. 4		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. CPC2932		VIN 1ZVHT80N475239372					
Veh. Year 2007		6 Veh. Color GRY		Veh. Make FORD		Veh. Model MUSTANG	
7 Body Style P2		<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99	
10 CDL End. 99		11 DL Rest. 99		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP) UNK UNK, UNK UNK							
Person Num.		12 Psn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity		Age		15 Ethnicity		16 Sex	
17 Eject.		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.	
24 Drug Result		25 Drug Category					
1		1		1		UNK, UNK	
99		99		99		99	
99		99		97		N	
96				96		97	
97				97		97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address LANEY, RONALD LEE II, 1500 BIRDS EYE RD FORT WORTH, TX 76177					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		26 Fin. Resp. Type 1		Fin. Resp. Name FARMERS		Fin. Resp. Num. 45408715	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 6		27 Vehicle Damage Rating 2 - - - - -		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By ABC WRECKER		Towed To ABC WRECKER					

Low Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)Case  
ID 210011068TxDOT  
Crash ID 15142877.1/2021093866

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type	
	Carrier's Corp. Name	Carrier's Primary Addr.									
	31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released		<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	
	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

FACTORS & CONDITIONS	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)	Field Diagram - Not to Scale

INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified DISPATCH	Time Arrived (24HRMM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	0	1	2	0	2	1	
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) HARPER, G., MARTIN, K				ID Num. 3380-3421														
	ORI Num.	T	X	2	2	0	1	2	0	0	*Agency FORT WORTH POLICE DEPARTMENT				Service/ Region/DA	2	0	0	0	0	0

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Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total  
Num. Units 1 4 8

 Total  
Num. Prsns. 1 3 6

 TxDOT  
Crash ID 18142877.1  
/2021093866

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

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\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

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*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 00		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) 097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. TL Sys.		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		* Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. LR Sys.		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 5		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. JRB4105		VIN 1N6AD06U46C450700					
Veh. Year 2008		6. Veh. Color SIL		Veh. Make NISSAN		Veh. Model FRONTIER	
7 Body Style SV		<input type="checkbox"/> Pol, Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 7637453		9 DL Class C	
10 CDL End. 99		11 DL Rest. A		DOB (MM/DD/YYYY) 04 / 02 / 1975			
Address (Street, City, State, ZIP) 4416 JESSICA ST FORT WORTH, TX 76244							
Person Num. 1		12 Prsn. Type 1		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity N		Age 45		15 Ethnicity W		16 Sex 2	
17 Eject. 1		18 Restr. 1		19 Airbag 2		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address ALONZO, JACINTO, 921 AVE E FORT WORTH, TX 79041					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name FARMERS	
Fin. Resp. Num. 44483140		27 Vehicle Damage Rating 1 1 2 - F D - 6		27 Vehicle Damage Rating 2 - - - - -		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By TEXAS TOWING		Towed To TEXAS TOWING					
Unit Num. 6		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State WA	
LP Num. 80104RP		VIN 4V4NC9EH7LN240058					
Veh. Year 2002		6. Veh. Color WHI		Veh. Make VOLVO		Veh. Model ACL	
7 Body Style TR		<input type="checkbox"/> Pol, Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State WA		DL/ID Num. SINGHS1020D		9 DL Class 98	
10 CDL End. 98		11 DL Rest. 98		DOB (MM/DD/YYYY) 09 / 04 / 1990			
Address (Street, City, State, ZIP) 4243 STONE CREST CT BELLINGHAM, WA 98226							
Person Num. 1		12 Prsn. Type 1		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity N		Age 30		15 Ethnicity A		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 1		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address SONIC, LOGISTICS LLC, 6199 NICKLES ST PERDUE, WA 98248					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE	
Fin. Resp. Num. 01147258-2		27 Vehicle Damage Rating 1 1 0 - F I - 2		27 Vehicle Damage Rating 2 - - - - -		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By MILNER		Towed To 6320 EDEN DR					

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To		Taken By		Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)																							
CHARGES	Unit Num.	Prsn. Num.	Charge						Citation/Reference Num.																							
DAMAGE	Damaged Property Other Than Vehicles				Owner's Name				Owner's Address																							
CMV	Unit Num.	6	<input checked="" type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	2	29 Carrier ID Type	1	Carrier ID Num.	00257317																			
	Carrier's Corp. Name SONIC LOGISTICS				Carrier's Primary Addr. 6199 NICKLES ST FERNDAL, WA 98248				30 Veh. Type		9																					
	31 Bus Type	0	<input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GVWR	4 9 8 2 8	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.		HazMat ID Num.		32 HazMat Class Num.		HazMat ID Num.																			
	33 Cargo Body Type	3																														
	Unit Num.	7	<input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GVWR	4 5 0 0 0	34 Trlr. Type	2	CMV Disabling Damage?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unit Num.		<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		34 Trlr. Type																			
	Sequence Of Events	35 Seq. 1	98	35 Seq. 2		35 Seq. 3		35 Seq. 4		Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Actual Gross Weight		Total Num. Axles																		
FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions																							
	Unit #		Contributing		May Have Contrib.		Contributing		May Have Contrib.		38 Weather Cond.		39 Light Cond.		40 Entering Roads		41 Roadway Type		42 Roadway Alignment		43 Surface Condition		44 Traffic Control									
NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)												Field Diagram - Not to Scale																			
INVESTIGATOR	Time Notified (24HR:MM)				0	6	2	0	How Notified				DISPATCH				Time Arrived (24HR:MM)				0	6	4	0	Report Date (MM/DD/YYYY)				03/01/2021			
	Invest. Comp.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Investigator Name (Printed) HARPER, G., MARTIN, K												ID Num.												3380-3421			
	ORI Num.				T X 2 2 0 1 2 0 0				*Agency FORT WORTH POLICE DEPARTMENT												Service/Region/DA				2 0 0 0 0 0							

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Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE
Total  
Num. Units 1 4 8Total  
Num. Prsns. 1 3 6TxDOT  
Crash ID 18142877.1  
/2021093866

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Page 7 of ##

*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 : 00		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
<input type="checkbox"/> In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Latitude (decimal degrees) 32.79513		Longitude — (decimal degrees) 097.32277					
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		* Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/ Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 7		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State WA	
LP Num. 23034AE		VIN 1G R A A 0623 F W 702383					
Veh. Year 2015		6 Veh. Color WHI		Veh. Make GREAT DANE TRAILERS		Veh. Model NOT APPLICABLE	
7 Body Style TL		<input type="checkbox"/> Pol, Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class	
10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP)							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num.		12 Prsn. Type		13 Seat Position		14 Injury Severity	
Age		15 Ethnicity		16 Sex		17 Eject	
18 Restr.		19 Airbag		20 Helmet		21 Sol.	
22 Alc. Spec.		Alc. Result		23 Drug Spec.		24 Drug Result	
25 Drug Category		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address SONIC, LOGISTICS LLC, 6199 NICKLES ST FERNDAL, WA 98248							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 6 - B D - 1		27 Vehicle Damage Rating 2 - - - - -		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By MILNER				Towed To MILNER WRECKER YARD			
Unit Num. 8		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State FL	
LP Num. JWAB48		VIN 5 N P D 84 L F 9 J H 332282					
Veh. Year 2018		6 Veh. Color GRY		Veh. Make HYUNDAI		Veh. Model ELANTRA COUPE	
7 Body Style P4		<input type="checkbox"/> Pol, Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99	
10 CDL End. 99		11 DL Rest. 99		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP) UNK UNK, UN UNK							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num.		12 Prsn. Type		13 Seat Position		14 Injury Severity	
Age		15 Ethnicity		16 Sex		17 Eject	
18 Restr.		19 Airbag		20 Helmet		21 Sol.	
22 Alc. Spec.		Alc. Result		23 Drug Spec.		24 Drug Result	
25 Drug Category		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address ARRIETA, ESTEBAN ALONSO, 1214 ANDALUSIA LOOP DAVENPORT, FL 33836							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type		Fin. Resp. Name	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 5		27 Vehicle Damage Rating 2 6 - R D - 5		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By GUY SIMON				Towed To GUY SIMON WRECKER YARD			

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)Case  
ID 210011068TxDOT  
Crash ID 18142877.1/2021093866

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
	Carrier's Corp. Name	Carrier's Primary Addr.			30 Veh. Type			
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No

FACTORS & CONDITIONS	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles

36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)				Field Diagram - Not to Scale			

INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HRMM)	0	6	4	0	Report Date (MM/DD/YYYY)	03/01/2021							
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) HARPER, G., MARTIN, K				ID Num. 3380-3421														
	ORI Num.	T	X	2	2	0	1	2	0	0	*Agency FORT WORTH POLICE DEPARTMENT				Service/ Region/DA	2	0	0	0	0	0

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Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total  
Num. Units 1 4 8

 Total  
Num. Prsns. 1 3 6

 TxDOT  
Crash ID 18142877.1  
/2021093866

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

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*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 : 00		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) 097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. TL Sys.		*Hwy. 35 Num.		2 Rdwy. 1 Part		Block Num. 2600	
3 Street Prefix		* Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. LR Sys.		Hwy. Num.		2 Rdwy. 1 Part	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 9		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. HPN6310		VIN 1 F A H P 3 F 2 1 C L 2 5 6 7 9 4					
Veh. Year 2012		6 Veh. Color SIL		Veh. Make FORD		Veh. Model FOCUS	
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 27457841		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 09 / 17 / 1991			
Address (Street, City, State, ZIP) 329 WEST SOUTHERN AVE SAGINAW, TX 76179							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line GARRETT, MELISSA ELIZABETH	
14 Injury Severity B		Age 29		15 Ethnicity W		16 Sex 2	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address GARRETT, MELISSA ELIZABETH, 329 WEST SOUTHERN AVE SAGINAW, TX 76179					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name GEICO	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 7		27 Vehicle Damage Rating 2 9 - L B Q - 6		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By A1 TOWING		Towed To A1 TOWING YARD					
Unit Num. 10		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. 00010A3		VIN 1 G N E K 1 3 T 2 Y J 1 6 3 6 1 4					
Veh. Year 2000		6 Veh. Color GRN		Veh. Make CHEVROLET		Veh. Model TAHOE C1500	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99	
10 CDL End. 99		11 DL Rest. 99		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP) UNKNOWN UNK UNK UNK							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line UNKNOWN, UNK UNK	
14 Injury Severity 99		Age 99		15 Ethnicity 99		16 Sex 99	
17 Eject. 99		18 Restr. 99		19 Airbag 1		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address GARCIA, LUIS, 6760 CALMONT AVE #204 FORT WORTH, TX 76116					
Proof of Fin. Resp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type		Fin. Resp. Name	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 3		27 Vehicle Damage Rating 2 6 - R D - 3		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By A1 TOWING		Towed To A1 TOWING YARD					

# Confidential Custodial File

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total  
Num. Units 1 4 8

 Total  
Num. Prsns. 1 3 6

 TxDOT  
Crash ID 18142877.1  
/2021093866

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

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*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 00		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) 097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. TL Sys.		*Hwy. -35 Num.		2 Rdwy. 1		Block 2600 Num.	
3 Street Prefix		* Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. LR Sys.		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 11		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. MMC4853		VIN J T E B U 5 J R 8 K 5 7 0 1 8 4 6					
Veh. Year 2019		6 Veh. Color BLU		Veh. Make TOYOTA		Veh. Model 4RUNNER/SR5	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DLID Type 1		DLID State TX		DLID Num. 16052371		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 04 / 16 / 1977			
Address (Street, City, State, ZIP) 11112 HAWKS LANDING HASLET, TX 76052							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity B		Age 43		15 Ethnicity W		16 Sex 2	
17 Eject. 1		18 Restr. 1		19 Airbag 2		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97							
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address CASE, AMY RENEE, 11112 HAWKS LANDING HASLET, TX 76052					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 5		27 Vehicle Damage Rating 2 6 - R D - 5		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By A1 TOWING		Towed To A1 TOWING YARD					
Unit Num. 12		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. JRK8228		VIN 3 V W V A 7 A T 5 D M 6 3 5 6 5 5					
Veh. Year 2013		6 Veh. Color SIL		Veh. Make VOLKSWAGEN		Veh. Model NEW BEETLE	
7 Body Style P2		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DLID Type 1		DLID State TX		DLID Num. 10013746		9 DL Class C	
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 01 / 25 / 1984			
Address (Street, City, State, ZIP) 7619 CROUSE DR FORT WORTH, TX 76137							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity B		Age 37		15 Ethnicity H		16 Sex 2	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97							
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address GALAVIZ, ISMAEL, 7916 CROUSE DR FORT WORTH, TX 76137					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name LIBERTY COUNTY MUTUAL	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 3 - R P - 7		27 Vehicle Damage Rating 2 1 2 - F D - 7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By TEXAS TOWING		Towed To TEXAS TOWING					



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Form CR-3 (Rev. 1/1/2018)Case  
ID 210011068TxDOT  
Crash ID 18142877.1/2021093866

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	11	1	LOCAL HOSPITAL	SELF		
	12	1	LOCAL HOSPITAL	SELF		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
	Carrier's Corp. Name		Carrier's Primary Addr.				30 Veh. Type	
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No

FACTORS & CONDITIONS	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles	

36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control

INVESTIGATOR NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)				Field Diagram - Not to Scale			

INVESTIGATOR	Time Notified (24HR:MM) 0 6 2 0				How Notified DISPATCH				Time Arrived (24HR:MM) 0 6 4 0				Report Date (MM/DD/YYYY) 03/01/2021			
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Investigator Name (Printed) HARPER, G., MARTIN, K													
	ORI Num. T X 2 2 0 1 2 0 0		*Agency FORT WORTH POLICE DEPARTMENT													
			ID Num. 3380-3421													

Service/ Region/DA	2	0	0	0	0	0

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Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total  
Num. Units 1 4 8

 Total  
Num. Prsns. 1 3 6

 TxDOT  
Crash ID 18142877.1  
/2021093866

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

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*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 : 00		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) 097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. TL Sys.		*Hwy. 35 Num.		2 Rdwy. 1 Part		Block 2600 Num.	
3 Street Prefix		* Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. LR Sys.		Hwy. Num.		2 Rdwy. 1 Part	
Block 2500 Num.		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 13		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. 97216B2		VIN K N D P C 3 A C 5 G 7 8 4 5 4 9 2					
Veh. Year 2016		6 Veh. Color GRAY		Veh. Make KIA		Veh. Model SPORTAGE	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 4		DL/ID State TX		DL/ID Num. 41806307		9 DL Class 5	
10 CDL End. 5		11 DL Rest. 5		DOB (MM/DD/YYYY) 08 / 03 / 1975			
Address (Street, City, State, ZIP) 2400 INDIAN HEAD DR FORT WORTH, TX 76177							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity N		Age 45		15 Ethnicity W		16 Sex 1	
17 Eject 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address WATSON, AARON LUK, 2400 INDIAN HEAD DR FORT WORTH, TX 76177					
Proof of Fin. Resp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type		Fin. Resp. Name	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 7		27 Vehicle Damage Rating 2 6 - R D - 7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By TEXAS TOWING		Towed To TEXAS TOWING					
Unit Num. 14		5 Unit Desc. 4		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State	
LP Num.		VIN					
Veh. Year		6 Veh. Color		Veh. Make		Veh. Model	
7 Body Style		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 41806307		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 08 / 03 / 1975			
Address (Street, City, State, ZIP) 2400 INDIAN HEAD DR FORT WORTH, TX 76177							
Person Num. 1		12 Prsn. Type 4		13 Seat Position 16		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity K		Age 45		15 Ethnicity W		16 Sex 1	
17 Eject 97		18 Restr. 97		19 Airbag 97		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address					
Proof of Fin. Resp. <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type		Fin. Resp. Name	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		27 Vehicle Damage Rating 2		Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No	
Towed By		Towed To					

Copy from Custodial File

# Conversion Cost Sheet

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total  
Num. Units 1 4 8

 Total  
Num. Prsns. 1 3 6

 TxDDT  
Crash ID 18142877.1  
/2021093866

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

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*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 : 00		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) 097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. TL Sys.		*Hwy. 35 Num.		2 Rdwy. 1 Part		Block 2600 Num.	
3 Street Prefix		* Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. LR Sys.		Hwy. Num.		2 Rdwy. 1 Part	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 15		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. GP98DB		VIN 1GCGTDE30G1330774					
Veh. Year 2016		6. Veh. Color WHI		Veh. Make CHEVROLET		Veh. Model COLORADO	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State UT		DL/ID Num. 08361065		9 DL Class 98	
10 CDL End. 98		11 DL Rest. 98		DOB (MM/DD/YYYY) 11 / 16 / 1985			
Address (Street, City, State, ZIP) 6049 NANCY DR WATAUGA, TX 76148							
Person Num. 1		12 Prsn. Type 1		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity B		Age 35		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address MORRIS, TERRY ALLEN JR, 6049 NANCY DR WATAUGA, TX 76148					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name USAA	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 9 - L P - 7		27 Vehicle Damage Rating 2 3 - R P - 7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By ABC TOWING		Towed To ABC TOWING					
Unit Num. 16		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. NTW9207		VIN 5TFEM5F13JX126739					
Veh. Year 2018		6. Veh. Color BLK		Veh. Make TOYOTA		Veh. Model TUNDRA	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 22530250		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 10 / 05 / 1986			
Address (Street, City, State, ZIP) 8933 PROPER ST #5109 FORT WORTH, TX 76177							
Person Num. 1		12 Prsn. Type 1		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity B		Age 34		15 Ethnicity H		16 Sex 2	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address SIMS, MONICA IVONNE, 8933 PROPER ST #5109 FORT WORTH, TX 76177					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ALLSTATE	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 7		27 Vehicle Damage Rating 2 9 - L P - 5		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By BEARDS TOWING		Towed To BEARDS TOWING					

# Cover from Custodial File



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE
Total  
Num. Units 1 4 8Total  
Num. Persns. 1 3 6TxDOT  
Crash ID 18142877.1  
/2021093866

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

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*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 00		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City/Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude — (decimal degrees) 097.32277			
ROAD ON WHICH CRASH OCCURRED							
*1 Rdw. TL Sys.		*Hwy. 35 Num.		2 Rdw. 1 Part		Block 2600 Num.	
3 Street Prefix		* Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/ Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdw. LR Sys.		Hwy. Num.		2 Rdw. 1 Part	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 17		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run	
LP State TX		LP Num. JBK4811		VIN 1 F T Y R 2 C G 7 G K B 5 0 4 1 1			
Veh. Year 2016		6 Veh. Color WHI		Veh. Make FORD		Veh. Model TRANSIT CONNECT	
7 Body Style VN		<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 17963569		9 DL Class C	
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 05 / 10 / 1983			
Address (Street, City, State, ZIP) 139 CREASER LN RHOMB, TX 76078							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity B		Age 37		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address ENTERPRISE, FM TRUST, 9315 OLIVE BLVD ST LOUIS, MO 63132					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name TRAVELERS	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 9 - L P - 7		27 Vehicle Damage Rating 2 3 - R P - 7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By BEARDS TOWING		Towed To BEARDS TOWING					
Unit Num. 18		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run	
LP State TX		LP Num. HVB8086		VIN 3 M Z B M 1 K 7 0 G M 3 2 1 4 3 9			
Veh. Year 2016		6 Veh. Color GRX		Veh. Make MAZDA		Veh. Model MAZDA3	
7 Body Style P4		<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 28719796		9 DL Class C	
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 06 / 22 / 1993			
Address (Street, City, State, ZIP) 2830 S HULEN ST #166 FORT WORTH, TX 76109							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity B		Age 27		15 Ethnicity W		16 Sex 2	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address GOYER, ALEXANDRIA PAIGE, 2830 S HULEN ST #166 FORT WORTH, TX 76109					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name GERMANIA	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 9 - L P - 7		27 Vehicle Damage Rating 2 1 2 - F D - 7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By ABC TOWING		Towed To ABC TOWING					

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)Case  
ID 210011068TxDOT  
Crash ID 18142877.1/2021093866

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	17	1	LOCAL HOSPITAL	SELF		
	18	1	JOHN PETER SMITH HOSP	MEDSTAR 578		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
	Carrier's Corp. Name		Carrier's Primary Addr.						30 Veh. Type
	31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib...		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	

INVESTIGATOR NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)					Field Diagram - Not to Scale				

INVESTIGATOR	Time Notified (24HR:MM)		How Notified		Time Arrived (24HRMM)		Report Date (MM/DD/YYYY)		
	0	6	2	0	DISPATCH	0	6	4	0
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Investigator Name (Printed) HARPER, G., MARTIN, K				ID Num. 3380-3421		
	ORI Num. T X 2 2 0 1 2 0 0		*Agency FORT WORTH POLICE DEPARTMENT				Service/ Region/DA 2 0 0 0 0 0		

Copy from Custodial File

*Crash Date (MM/DD/YYYY) 02 / 11 / 2021	*Crash Time (24HRMM) 0600	Case ID 210011068	Local Use
*County Name TARRANT	*City Name FORT WORTH	Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Latitude (decimal degrees) 32° 7' 9" 51' 3"	Longitude (decimal degrees) 097° 3' 2" 71'	
ROAD ON WHICH CRASH OCCURRED			
*1 Rdwy. Sys. TL	*Hwy. Num. 35	2 Rdwy. Part 1	Block Num. 2600
		3 Street Prefix	*Street Name
4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane	Speed Limit
Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Street Desc.
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER			
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1 Rdwy. Sys. LR	Hwy. Num.	2 Rdwy. Part 1
Block Num. 2500		3 Street Prefix NE	Street Name 28TH
4 Street Suffix ST			
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker S
Reference Marker		Street Desc. HWY	RXX Num.
Unit Num. 19	5 Unit Desc. 1	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run
LP State OR		LP Num. YASF134	VIN 1NPP5L-B-9-X-77-N-7-4-2-6-7-0
Veh. Year 2007	6. Veh. Color WHI	Veh. Make PETERBILT	Veh. Model 397
7 Body Style TT		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain In Narrative if checked)	
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 19529423	9 DL Class A
10 CDL End. T	11 DL Rest. 96	DOB (MM/DD/YYYY) 11/29/1977	
Address (Street, City, State, ZIP) 16111 MARCELIA DR HOUSTON, TX 77049			
Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line
14 Injury Severity	Age	15 Ethnicity	16 Sex
17 Eject.	18 Restr.	19 Airbag	20 Helmet
21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.
24 Drug Result	25 Drug Category		
1	1	1	MONTES, ARTURO
B	43	H	1
1	1	1	1
1	1	97	N
96		96	97
97		97	97
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee			
Owner/Lessee Name & Address SIERRA, MOUNTAIN EXPRESS, 14440 N BYBEE LAKE RD PORTLAND, OR 97203			
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Expired Exempt <input type="checkbox"/>	26 Fin. Resp. Type 1	Fin. Resp. Name NATIONAL INTERSTATE
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 - F D - 7	27 Vehicle Damage Rating 2 1 2 - F R - 7
Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Towed By MILNER		Towed To MILNER TOWING	
Unit Num. 20	5 Unit Desc. 6	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run
LP State OR		LP Num. HV51486	VIN 1B9C-S-4-5-2-0-7-P-2-7-5-4-9-6
Veh. Year 2007	6. Veh. Color BLU	Veh. Make BOYD TANK TRAILERS	Veh. Model NOT APPLICABLE
7 Body Style TL		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain In Narrative if checked)	
8 DL/ID Type	DL/ID State	DL/ID Num.	9 DL Class
10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY) / /	
Address (Street, City, State, ZIP)			
Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line
14 Injury Severity	Age	15 Ethnicity	16 Sex
17 Eject.	18 Restr.	19 Airbag	20 Helmet
21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.
24 Drug Result	25 Drug Category		
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee			
Owner/Lessee Name & Address SIERRA, MOUNTAIN EXPRESS, 14440 N BYBEE LAKE RD PORTLAND, OR 97203			
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Expired Exempt <input type="checkbox"/>	26 Fin. Resp. Type 1	Fin. Resp. Name NATIONAL INTERSTATE
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 6 - R D - 2	27 Vehicle Damage Rating 2 - - - - -
Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Towed By MILNER		Towed To MILNER TOWING	

# Conv from Custodial File

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total  
Num. Units 1 4 8

 Total  
Num. Prsns. 1 3 6

 TxDOT  
Crash ID 18142877.1  
/2021093866

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

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*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 00		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) 097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		* Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000-		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 21		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. NFK9887		VIN 1C6RR7LM1F539946		Veh. Year 2015		6 Veh. Color WHI	
Veh. Make DODGE		Veh. Model RAM 1500		7 Body Style PK		<input type="checkbox"/> Pol, Fire, EMS on Emergency (Explain in Narrative if checked)	
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 22421558		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 07 / 13 / 1989			
Address (Street, City, State, ZIP) 3720 RIVER BIRCH RD FORT WORTH, TX 76137							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity B		Age 31		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address CRAWFORD, BRIAN, 3720 RIVER BIRCH RD FORT WORTH, TX 76137					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 7		27 Vehicle Damage Rating 2 6 - R D - 5		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By ABC TOWING		Towed To ABC TOWING					
Unit Num. 22		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. MJW4810		VIN 5XYP64HC2LG02949B		Veh. Year 2020		6 Veh. Color GRY	
Veh. Make KIA		Veh. Model UNKNOWN		7 Body Style SV		<input type="checkbox"/> Pol, Fire, EMS on Emergency (Explain in Narrative if checked)	
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 12747093		9 DL Class C	
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 01 / 25 / 1940			
Address (Street, City, State, ZIP) 8537 WOODLAKE CIR FORT WORTH, TX 76179							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity A		Age 81		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address CROSS, ROBERT MICHAEL, 8537 WOODLAKE CIR FORT WORTH, TX 76179					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ALLSTATE	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 7		27 Vehicle Damage Rating 2 9 - L P - 7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By ABC TOWING		Towed To ABC TOWING					



DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)						
	21	1	LOCAL HOSPITAL	SELF								
	22	1	JOHN PETER SMITH HOSP	MEDSTAR								
	22	2	JOHN PETER SMITH HOSP	MEDSTAR								
CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.								
DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address								
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.				
	Carrier's Corp. Name		Carrier's Primary Addr.					30 Veh. Type				
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type				
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles				
FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions			
	Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)					Field Diagram - Not to Scale						
INVESTIGATOR	Time Notified (24HR:MM)		How Notified		Time Arrived (24HR:MM)		Report Date (MM/DD/YYYY)					
	0 6 2 0		DISPATCH		0 6 4 0		0 3 / 0 1 / 2 0 2 1					
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) HARPER, G., MARTIN, K					ID Num. 3380-3421					
ORI Num. T X 2 2 0 1 2 0 0					*Agency FORT WORTH POLICE DEPARTMENT					Service/Region/DA 2 0 0 0 0 0		

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Law Enforcement and TxDOT Use ONLY

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 Total  
Num.  
Units 1 4 8

 Total  
Num.  
Prsns. 1 3 6

 TxDOT  
Crash ID 18142877.1  
/2021093866

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

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*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 05 : 00		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) 097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. TL Sys.		*Hwy. 35 Num.		2 Rdwy. 1 Part		Block 2600 Num.	
3 Street Prefix		* Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/ Toll Lane		Speed Limit		Const. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Workers Present <input checked="" type="checkbox"/> No	
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. LR Sys.		Hwy. Num.		2 Rdwy. 1 Part	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 23		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. 1157140		VIN 1 F U B C Y C S 1 3 H M 0 1 6 6 4					
Veh. Year 2003		6. Veh. Color RED		Veh. Make FREIGHTLINER		Veh. Model UNKNOWN	
7 Body Style TR		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. -46057967		9 DL Class A	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 08 / 13 / 1999			
Address (Street, City, State, ZIP) 3974 N STORY RD #925 IRVING, TX 75038							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity N		Age 21		15 Ethnicity B		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 1		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address COCA COLA, SOUTHWEST BEVERAGES LL, 3400 FOSSIL CREEK BLVD FORT WORTH, TX 76137					
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name BEECHER CARLSON INS		Fin. Resp. Num. 404-460-1401	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 2		27 Vehicle Damage Rating 2 - - - - -		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By DRIVEN		Towed To 3400 FOSSIL CREEK BL					
Unit Num. 24		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. 80918Z		VIN 2 M N 0 1 J A L 2 6 1 0 0 8 6 2 5					
Veh. Year 2006		6. Veh. Color RED		Veh. Make TRAILMOBILE		Veh. Model NOT APPLICABLE	
7 Body Style TL		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class	
10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP)							
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity		Age		15 Ethnicity		16 Sex	
17 Eject.		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.	
24 Drug Result		25 Drug Category					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address COCA COLA, SOUTHWEST BEVERAGES LL, 3400 FOSSIL CREEK BL FORT WORTH, TX 76137					
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name BEECHER CARLSON INS		Fin. Resp. Num. 404-460-1401	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 6 - R D - 1		27 Vehicle Damage Rating 2 - - - - -		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By DRIVEN		Towed To 3400 FOSSIL CREEK BLVD					

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☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total  
Num. Units 1 4 8

 Total  
Num. Prsns. 1 3 6

 TxDOT  
Crash ID 18142877.1  
/2021093866

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

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*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 : 00		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) 097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		* Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 25		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. BX6W775		VIN 1ZVHT82H785159010					
Veh. Year 2008		6 Veh. Color BLK		Veh. Make FORD		Veh. Model MUSTANG	
7 Body Style P2		<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 11375695		9 DL Class C	
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 03 / 02 / 1988			
Address (Street, City, State, ZIP) 14009 TANGLEBRUSH TRL HASLET, TX 76052							
Person Num. 1		12 Prsn. Type 1		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity B		Age 32		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address DUDDINGTON, DUSTIN DALE, 14009 TANGLEBRUSH TRL HASLET, TX 76052					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name TX FARM BUREAU	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 7		27 Vehicle Damage Rating 2 6 - R D - 7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By BEARDS TOWING		Towed To BEARDS TOWING					
Unit Num. 26		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. AY74324		VIN 1FDSB3FL4BD05659					
Veh. Year 2011		6 Veh. Color BLU		Veh. Make FORD		Veh. Model ECONOLINE	
7 Body Style VN		<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 39903462		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 11 / 04 / 1998			
Address (Street, City, State, ZIP) 713 TURNER BLVD GRAND PRAIRIE, TX 75050							
Person Num. 1		12 Prsn. Type 1		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity B		Age 22		15 Ethnicity W		16 Sex 2	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address MCDANIEL AND SON PLUMBING, 2215 W HARRIS RD ARLINGTON, TX 76001					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name STATE AUTO	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 7		27 Vehicle Damage Rating 2 6 - R D - 7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By TEXAS TOWING		Towed To TEXAS TOWING YARD					

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Law Enforcement and TxDOT Use ONLY

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 Total  
Num. Units 1 4 8

 Total  
Num. Prsns. 1 3 6

 TxDOT  
Crash ID 18142877.1  
/2021093866

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

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*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 : 00		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) 097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. TL Sys.		*Hwy. 35 Num.		2 Rdwy. 1 Part		Block 2600 Num.	
3 Street Prefix		* Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. LR Sys.		Hwy. Num.		2 Rdwy. 1 Part	
Block 2500 Num.		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 27		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. KMG4544		VIN 1HGGC2F87BA0B7329					
Veh. Year 2011		6 Veh. Color GRN		Veh. Make HONDA		Veh. Model ACCORD	
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 34472157		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 10 / 30 / 1995			
Address (Street, City, State, ZIP) 3301 CALERA TRL #3111 FORT WORTH, TX 76177							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity B		Age 25		15 Ethnicity W		16 Sex 2	
17 Eject. 1		18 Restr. 1		19 Airbag 3		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address ENGEL, HUNTER, 9531 HACKAMORE CT JUSTIN, TX 76247					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name STATE FARM	
Fin. Resp. Num. 466 0631-C04-43-001							
27 Vehicle Damage Rating 1 3 - R P - 7		27 Vehicle Damage Rating 2 6 - R D - 7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Towed By A1 TOWING		Towed To A1 TOWING					
Unit Num. 28		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. HRT5651		VIN 19XFC1F36GE012731					
Veh. Year 2016		6 Veh. Color BLK		Veh. Make HONDA		Veh. Model CIVIC	
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 9748792		9 DL Class C	
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 11 / 25 / 1995			
Address (Street, City, State, ZIP) 221 SCHREIBER DR HASLET, TX 76052							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity B		Age 65		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address HIATT, NANCY JEAN, 221 SCHREIBER DR HASLET, TX 76052					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name STATE FARM	
Fin. Resp. Num. 065 846B K30 43S 004							
27 Vehicle Damage Rating 1 6 - R D - 7		27 Vehicle Damage Rating 2 3 - R P - 7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Towed By TEXAS TOWING		Towed To TEXAS TOWING					

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)Case  
ID 210011068TxDOT  
Crash ID 18142877.1/2021093866

Unit Num.		Prsn. Num.		Taken To		Taken By		Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)	
DISPOSITION OF INJURED/KILLED	27	1		LOCAL HOSPITAL		SELF					
	28	1		LOCAL HOSPITAL		SELF					

Unit Num.		Prsn. Num.		Charge		Citation/Reference Num.	

Damaged Property Other Than Vehicles				Owner's Name				Owner's Address			

Unit Num.		<input type="checkbox"/> 10,001+ LBS.		<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL		<input type="checkbox"/> 9+ CAPACITY		CMV Disabling Damage?		<input type="checkbox"/> Yes <input type="checkbox"/> No		28 Veh. Oper.		29 Carrier ID Type		Carrier ID Num.	
Carrier's Corp. Name				Carrier's Primary Addr.								30 Veh. Type					
31 Bus Type		<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No		32 HazMat Class Num.		HazMat ID Num.		32 HazMat Class Num.		HazMat ID Num.		33 Cargo Body Type			
Unit Num.		<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		34 Trlr. Type		CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No		Unit Num.		<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		34 Trlr. Type		CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Sequence of Events		35 Seq. 1		35 Seq. 2		35 Seq. 3		35 Seq. 4		Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No		Actual Gross Weight		Total Num. Axles			

36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions															
Unit #		Contributing		May Have Contrib.		Contributing		May Have Contrib.		38 Weather Cond.		39 Light Cond.		40 Entering Roads		41 Roadway Type		42 Roadway Alignment		43 Surface Condition		44 Traffic Control	

Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)										Field Diagram - Not to Scale									

Time Notified (24HR:MM)		How Notified		Time Arrived (24HR:MM)		Report Date (MM/DD/YYYY)	
0 6 2 0		DISPATCH		0 6 4 0		03/01/2021	
Invest. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Investigator Name (Printed) HARPER, G., MARTIN, K					
ORI Num. T X 2 2 0 1 2 0 0		*Agency FORT WORTH POLICE DEPARTMENT					
		ID Num. 3380-3421					
		Service/Region/DA 2 0 0 0 0 0					

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Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE
Total  
Num. Units 1 4 8Total  
Num. Prsns. 1 3 6TxDOT  
Crash ID 18142877.1  
/2021093866

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

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*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 : 00		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
<input type="checkbox"/> Outside City Limit							
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Latitude (decimal degrees) 32.79513 Longitude (decimal degrees) 097.32271							
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. TL Sys.		*Hwy. 35 Num.		2 Rdwy. 1 Part		Block 2600 Num.	
3 Street Prefix		* Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot <input checked="" type="checkbox"/> Toll Road/Toll Lane							
Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Street Desc.							
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. LR Sys.		Hwy. Num.		2 Rdwy. 1 Part	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000' <input checked="" type="checkbox"/> FT <input type="checkbox"/> MI 3 Dir. from Int. or Ref. Marker S Reference Marker Street Desc. HWY RRX Num.							
Unit Num. 29		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. 1RY443		VIN 3C63RRA4JG285550					
Veh. Year 2018		6 Veh. Color WHI		Veh. Make DODGE		Veh. Model RAM 3500	
7 Body Style PK		<input type="checkbox"/> Pol, Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 15742576		9 DL Class CM	
10 COL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 02 / 25 / 1976			
Address (Street, City, State, ZIP) 390 CR 3330 BRIDGEPORT, TX 76426							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		GOBER, KERRY QUINN	
14 Injury Severity B		Age 44		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address GOBER, KERRY QUINN, 390 CR 3330 BRIDGEPORT, TX 76426							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name TEXAS FARM BUREAU	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 7		27 Vehicle Damage Rating 2 6 - R D - 7		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By BEARDS TOWING Towed To BEARDS TOWING							
Unit Num. 30		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. DXL6453		VIN 1C4RDHAG4D592920					
Veh. Year 2013		6 Veh. Color RED		Veh. Make DODGE		Veh. Model DURANGO	
7 Body Style SV		<input type="checkbox"/> Pol, Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 17820436		9 DL Class C	
10 COL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 10 / 22 / 1981			
Address (Street, City, State, ZIP) 12928 PARADE GROUNDS LN FORT WORTH, TX 76244							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		BENSON, REBECCA ANN	
14 Injury Severity B		Age 39		15 Ethnicity B		16 Sex 2	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address BENSON, REBECCA ANN, 12928 PARADE GROUNDS LN FORT WORTH, TX 76244							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name LIBERTY COUNTY MUTUAL	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 7		27 Vehicle Damage Rating 2 9 - L P - 7		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By MILNER TOWING Towed To MILNER TOWING							

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)Case  
ID 210011068TxDOT  
Crash ID 18142877.1/2021093866

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	29	1	HARRIS DOWNTOWN	SELF		
	30	1	HARRIS DOWNTOWN	SELF		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	Carrier's Corp. Name		Carrier's Primary Addr.						
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing		May Have Contrib.	Unit #	Contributing		May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	

INVESTIGATOR	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)										Field Diagram - Not to Scale									

INVESTIGATOR	Time Notified (24HR:MM) 0 6 2 0										How Notified DISPATCH										Time Arrived (24HRMM) 0 6 4 0										Report Date (MM/DD/YYYY) 03/01/2021									
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Investigator Name (Printed) HARPER, G., MARTIN, K																		ID Num. 3380-3421																			
	ORI Num. T X 2 2 0 1 2 0 0		*Agency FORT WORTH POLICE DEPARTMENT																		Service/ Region/DA 2 0 0 0 0 0																			

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Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE
Total  
Num. Units 1 4 8Total  
Num. Prns. 1 3 6TxDOT  
Crash ID 18142877.1  
/2021093866

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

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*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 : 00		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Latitude (decimal degrees) 32.79513				Longitude (decimal degrees) 097.32277			
ROAD ON WHICH CRASH OCCURRED							
1 Rdwy. Sys. TL		Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		* Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/Toll Lane			
Speed Limit		Const. Zone		Workers Present		Street Desc.	
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 31		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. NXXN0515		VIN 1C4RJEBG6M511468					
Veh. Year 2021		6 Veh. Color BLK		Veh. Make JEEP		Veh. Model GRAND CHEROKEE	
7 Body Style SV		<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 15573968		9 DL Class C	
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 08 / 09 / 1975			
Address (Street, City, State, ZIP) 12240 WALDEN WOOD DR FORT WORTH, TX 76244							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity B		Age 45		15 Ethnicity W		16 Sex 2	
17 Eject 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address LIVESAY, ANGIE DENISE, 12240 WALDEN WOOD DR FORT WORTH, TX 76244					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name TRAVELERS INSURANCE	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 7		27 Vehicle Damage Rating 2 3 - R P - 7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By TEXAS TOWING				Towed To TEXAS TOWING			
Unit Num. 32		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. LPX6792		VIN JN1BJ0HPXE210860					
Veh. Year 2014		6 Veh. Color WHI		Veh. Make INFINITI		Veh. Model QX50	
7 Body Style SV		<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 11716940		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 08 / 31 / 1960			
Address (Street, City, State, ZIP) 7791 ARCADIA TRL FORT WORTH, TX 76137							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity N		Age 60		15 Ethnicity W		16 Sex 1	
17 Eject 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address PAARUP, MICHAEL, 7791 ARCADIA TRL FORT WORTH, TX 76137					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 7		27 Vehicle Damage Rating 2 6 - L P - 7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By ABC TOWING				Towed To ABC TOWING			



Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)Case  
ID 210011068TxDOT  
Crash ID 18142877.1/2021093866

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	31	1	LOCAL HOSPITAL	SELF		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type	
	Carrier's Corp. Name	Carrier's Primary Addr.									
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	
	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?

FACTORS & CONDITIONS	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles

36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)	Field Diagram - Not to Scale

INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified DISPATCH	Time Arrived (24HR:MM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	0	1	2	0	2	1
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) HARPER, G., MARTIN, K								ID Num. 3380-3421									
	ORI Num.	T	X	2	2	0	1	2	0	0	*Agency FORT WORTH POLICE DEPARTMENT				Service/ Region/DA					

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Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE
Total  
Num. Units 1 4 8Total  
Num. Prsns. 1 3 6TxDOT  
Crash ID 18142877.1  
/2021093866

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

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IDENTIFICATION &amp; LOCATION

VEHICLE, DRIVER, &amp; PERSONS

VEHICLE, DRIVER, &amp; PERSONS

*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32° 07' 09" N		Longitude (decimal degrees) 097° 03' 22" W			
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. TL Sys.		*Hwy. 35 Num.		2 Rdwy. 1 Part		Block Num. 2600	
3 Street Prefix		* Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. LR Sys.		Hwy. Num.		2 Rdwy. 1 Part	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 33		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. MSC1553		VIN 2T1BUE4B616110					
Veh. Year 2011		6 Veh. Color SIL		Veh. Make TOYOTA		Veh. Model COROLLA	
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99	
10 CDL End. 99		11 DL Rest. 99		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP) UNKNOWN UNKNOWN, UN UNK							
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity		Age		15 Ethnicity		16 Sex	
17 Eject.		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.	
24 Drug Result		25 Drug Category					
1		1		1		UNKNOWN, UNK UNK	
99				99		99	
1				1		99	
5				97		N	
96				96		97	
97				97		97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address LUCKEY, LATRICE KNESHUN, 1020 OSBORNE LN FORT WORTH, TX 76112					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		26 Fin. Resp. Type 1		Fin. Resp. Name HOME STATE COUNTY		Fin. Resp. Num. MST01714623-00	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 7		27 Vehicle Damage Rating 2 6 - R D - 7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By TEXAS TOWING		Towed To TEXAS TOWING					
Unit Num. 34		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. CVZ6452		VIN 3VWDX7AJ7BM330549					
Veh. Year 2011		6 Veh. Color BLU		Veh. Make VOLKSWAGEN		Veh. Model JETTA	
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 39911636		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 08 / 12 / 1999			
Address (Street, City, State, ZIP) 6716 RIDGEWOOD DR NORTH RICHLAND HILLS, TX 76182							
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity		Age		15 Ethnicity		16 Sex	
17 Eject.		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.	
24 Drug Result		25 Drug Category					
1		1		1		YOUNG, JACOB ALEXANDER	
B		21		W		1	
1				1		1	
5				97		N	
96				96		97	
97				97		97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address YOUNG, JACOB ALEXANDER, 6716 RIDGEWOOD DR NORTH RICHLAND HILLS, TX 76182					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		26 Fin. Resp. Type 1		Fin. Resp. Name GEICO		Fin. Resp. Num. 4220496642	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 7		27 Vehicle Damage Rating 2 6 - R D - 7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By CORNISH TOWING		Towed To CORNISH TOWING					

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)Case  
ID 210011068TxDOT  
Crash ID 18142877.1/2021093866

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	34	1	LOCAL HOSPITAL	SELF		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type		
	Carrier's Corp. Name	Carrier's Primary Addr.										
	31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR		HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type		
	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Sequence of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight		Total Num. Axles		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Unit #	Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	

INVESTIGATOR NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)	Field Diagram - Not to Scale

INVESTIGATOR	Time Notified (24HR:MM)	How Notified	Time Arrived (24HR:MM)	Report Date (MM/DD/YYYY)
	0 6 2 0	DISPATCH	0 6 4 0	03/01/2021
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) HARPER, G., MARTIN, K	ID Num. 3380-3421	

ORI Num.	*Agency	Service/ Region/DA
T X 2 2 0 1 2 0 0	FORT WORTH POLICE DEPARTMENT	2 0 0 0 0 0

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Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total  
Num. Units 1 4 8

 Total  
Num. Prsns. 1 3 6

 TxDOT  
Crash ID 18142877.1  
/2021093866

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

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*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 : 00		Case ID: 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) 097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. TL Sys.		*Hwy. 35 Num.		2 Rdwy. 1 Part		Block 2600 Num.	
3 Street Prefix		* Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/ Toll Lane		Speed Limit		Const. <input type="checkbox"/> Yes Zone <input checked="" type="checkbox"/> No	
Workers <input type="checkbox"/> Yes Present <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No		1 Rdwy. LR Sys.		Hwy. Num.		2 Rdwy. 1 Part	
Block 2500 Num.		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 35		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run	
LP State TX		LP Num. HFK4315		VIN 1GCG1KXC89E127259			
Veh. Year 2014		6 Veh. Color WHI		Veh. Make CHEVROLET		Veh. Model SILVERADO	
7 Body Style PK		<input type="checkbox"/> Pol, Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 24007807		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 07 / 19 / 1999			
Address (Street, City, State, ZIP) 1200 ALLIANCE BLVD RHOME, TX 76078							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line:	
14 Injury Severity B		Age 30		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address GUTHRIE, NEAL WILLIAM, 1200 ALLIANCE BLVD RHOME, TX 76078					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name AGRICULTURAL WORKERS MUTUAL	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 7		27 Vehicle Damage Rating 2 6 - R D - 7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By CORNISH TOWING		Towed To CORNISH TOWING					
Unit Num. 36		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run	
LP State TX		LP Num. NRW4472		VIN 1FMEF165581A86757			
Veh. Year 2008		6 Veh. Color WHI		Veh. Make FORD		Veh. Model EXPEDITION	
7 Body Style SV		<input type="checkbox"/> Pol, Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 14170036		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 10 / 11 / 1984			
Address (Street, City, State, ZIP) 12525 HAVERHILL DR FORT WORTH, TX 76244							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line:	
14 Injury Severity N		Age 36		15 Ethnicity A		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address MURSALIN, WALID, 12525 HAVERHILL DR FORT WORTH, TX 76244					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 7		27 Vehicle Damage Rating 2 3 - R P - 7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By ABC TOWING		Towed To ABC TOWING					

# Cover from Custodial File



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE
Total  
Num. Units 1 4 8Total  
Num. Prsns. 1 3 6TxDOT  
Crash ID 18142877.1  
/2021093866

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457  
Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

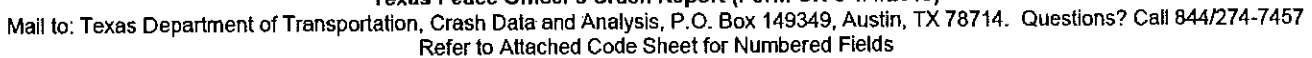
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*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 00		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32° 07' 09" N 95° 01' 03" W		Longitude (decimal degrees) 097° 03' 22" W 97° 07' 17" N	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. TL Sys.		*Hwy. 35 Num.		2 Rdwy. 1 Part		Block 2600 Num.	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. LR Sys.		Hwy. Num.		2 Rdwy. 1 Part	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 37		5 Unit Desc. 1		<input type="checkbox"/> Parked-Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. KCM1666		VIN K N D M B 5 C 1 2 H 6 2 2 4 8 7 6					
Veh. Year 2017		6 Veh. Color SIL		Veh. Make KIA		Veh. Model SEDONA	
7 Body Style VN		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 25831853		9 OL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 08 / 20 / 1974			
Address (Street, City, State, ZIP) 10500 ARANSAS DR FORT WORTH, TX 76131							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity A		Age 46		15 Ethnicity W		16 Sex 2	
17 Eject 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address THURMAN, OPAL CHRISTINE, 10500 ARANSAS DR FORT WORTH, TX 76131					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name STATE FARM	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 7		27 Vehicle Damage Rating 2 6 - R D - 7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By MILNER TOWING		Towed To MILNER TOWING					
Unit Num. 38		5 Unit Desc. 4		<input type="checkbox"/> Parked-Vehicle <input type="checkbox"/> Hit and Run		LP State	
LP Num.		VIN					
Veh. Year		6 Veh. Color		Veh. Make		Veh. Model	
7 Body Style		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 OL Class 99	
10 CDL End. 99		11 DL Rest. 99		DOB (MM/DD/YYYY) 10 / 22 / 1974			
Address (Street, City, State, ZIP) UNKNOWN UNKN, UN UNK							
Person Num. 1		12 Prsn. Type 4		13 Seat Position 16		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity K		Age 46		15 Ethnicity H		16 Sex 2	
17 Eject 97		18 Restr. 97		19 Airbag 97		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address					
Proof of Fin. Resp. <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type		Fin. Resp. Name	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		27 Vehicle Damage Rating 2		Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No	
Towed By		Towed To					

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TxDOT	18142877.1
Crash ID	/2021093866



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*Crash Date (MM/DD/YYYY) 02 / 11 / 2021	*Crash Time (24HRMM) 06 : 00	Case ID 210011068	Local Use
*County Name TARRANT	*City Name FORT WORTH	Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Latitude (decimal degrees) 32° 7' 9.513"	Longitude (decimal degrees) 097° 3' 22.717"	
ROAD ON WHICH CRASH OCCURRED			
*1 Rdw. Sys. TL	*Hwy. Num. 35	2 Rdw. Part 1	Block Num. 2600-
		3 Street Prefix	*Street Name
4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot	<input checked="" type="checkbox"/> Toll Road/Toll Lane	Speed Limit	Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Street Desc.		
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER			
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1 Rdw. Sys. LR	Hwy. Num.	2 Rdw. Part 1
Block Num. 2500		3 Street Prefix NE	Street Name 28TH
4 Street Suffix ST			
Distance from Int. or Ref. Marker 1000	<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker S	Reference Marker
Street Desc. HWY		RRX Num.	
Unit Num. 39	5 Unit Desc. 1	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run
LP State IN	LP Num. 2839769	VIN 3AKJHLVDV9MSMG05615	
Veh. Year 2021	6 Veh. Color WHI	Veh. Make FREIGHTLINER	Veh. Model UNKNOWN
7 Body Style TR	<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)		
8 DL/D Type 1	DL/D State TX	DL/D Num. -41868911	9 DL Class A
10 CDL End.. H	11 DL Rest. P27	DOB (MM/DD/YYYY) 08 / 23 / 1997	
Address (Street, City, State, ZIP) 1704 GRIFFIN LN MANSFIELD, TX 76063			
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line			
Person Num. 1	12 Prsn. Type 1	13 Seat Position 1	VAL, ERNST
14 Injury Severity N	Age 41	15 Ethnicity W	16 Sex 1
17 Eject. 1	18 Restr. 1	19 Airbag 1	20 Helmet 97
21 Sol. N	22 Alc. Spec. 96	Alc. Result	23 Drug Spec. 96
24 Drug Result 97	25 Drug Category 97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.	
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee			
Owner/Lessee Name & Address JB HUNT, TRANSPORT INC, 615 JB HUNT CORP DR LOWELL, AR 72745			
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type 1	Fin. Resp. Name ACE AMERICAN INS.
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1	27 Vehicle Damage Rating 2
Towed By BEARDS TOWING	Towed To 1150 INTERMODAL PKWY		
Unit Num. 40	5 Unit Desc. 6	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run
LP State OK	LP Num. 1631JJ	VIN LJRC54260C1002247	
Veh. Year 2012	6 Veh. Color ONG	Veh. Make CIMC TRAILERS	Veh. Model NOT APPLICABLE
7 Body Style TL	<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)		
8 DL/D Type	DL/D State	DL/D Num.	9 DL Class
10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY)	
Address (Street, City, State, ZIP)			
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line			
Person Num.	12 Prsn. Type	13 Seat Position	
14 Injury Severity	Age	15 Ethnicity	16 Sex
17 Eject.	18 Restr.	19 Airbag	20 Helmet
21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.
24 Drug Result	25 Drug Category	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.	
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee			
Owner/Lessee Name & Address JB HUNT, TRANSPORT INC, 615 JB HUNT CORP DR LOWELL, AR 72745			
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type 1	Fin. Resp. Name ACE AMERICAN INS.
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1	27 Vehicle Damage Rating 2
Towed By BEARDS TOWING	Towed To 1150 INTERMODAL PKWY		

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)Case  
ID 210011068TxDOT  
Crash ID 18142877.1/2021093866

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	- Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	10,001+ LBS.	TRANSPORTING HAZARDOUS MATERIAL	9+ CAPACITY	CMV Disabling Damage?	Yes No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type	
	39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Yes	1	1	00800806	5
	Carrier's Corp. Name JB HUNT										
	Carrier's Primary Addr. 1150 INTERMODAL PKWY HASLET, TX 76052										

CMV	31 Bus Type	RGVW	GVWR	5	2	0	0	0	HazMat Released	Yes	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
	0	<input type="checkbox"/>	<input checked="" type="checkbox"/>						<input type="checkbox"/>	No					3
	Unit Num.	40	<input type="checkbox"/>	<input checked="" type="checkbox"/>		6	8	0	0	34 Trlr. Type	1	CMV Disabling Damage?	<input checked="" type="checkbox"/>	Yes	Unit Num.
			<input type="checkbox"/>	<input checked="" type="checkbox"/>						No					

FACTORS & CONDITIONS	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	Yes	Actual Gross Weight	Total Num. Axles	
		98					<input type="checkbox"/>	No		
	36 Contributing Factors (Investigator's Opinion)									
	37 Vehicle Defects (Investigator's Opinion)									

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	

INVESTIGATOR NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)										Field Diagram - Not to Scale									

INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HRMM)	0	6	4	0	Report Date (MM/DD/YYYY)	03	01	2021	
	Invest. Comp.	<input checked="" type="checkbox"/>	Yes														
	Investigator Name (Printed)	HARPER, G., MARTIN, K															
	ORI Num.	T	X	2	2	0	1	2	0	0	*Agency	FORT WORTH POLICE DEPARTMENT					

INVESTIGATOR	ID Num.	3380-3421	Service/ Region/DA	2	0	0	0	0	0

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Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE
Total  
Num. Units 1 4 8Total  
Num. Persns. 1 3 6TxDOT  
Crash IO 18142877.1  
/2021093866

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457  
Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

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*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 : 00		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
<input type="checkbox"/> Outside City Limit							
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Latitude (decimal degrees) 32.79513 Longitude (decimal degrees) 097.322717							
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. TL Sys.		*Hwy. 35 Num.		2 Rdwy. Part 1		Block 2600	
3 Street Prefix		* Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot <input checked="" type="checkbox"/> Toll Road/Toll Lane							
Speed Limit Const. Zone <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Workers Present <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Street Desc.							
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 41		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. R400997		VIN 1XPXH49X7ED227408					
Veh. Year 2014		6 Veh. Color BLU		Veh. Make PETERBILT		Veh. Model UNKNOWN	
7 Body Style TR		<input type="checkbox"/> Pot. Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 25115658		9 DL Class A	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 02 / 13 / 1991			
Address (Street, City, State, ZIP) 3304 SAN ESTEBAN ST MISSION, TX 78572							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
14 Injury Severity Age 29 Ethnicity H Sex 1 17 Eject. 1 18 Restr. 1 19 Airbag 1 20 Helmet 97 21 Sol. N 22 Alc. Spec. 96 23 Alc. Result 96 24 Drug Spec. 97 25 Drug Result 97							
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address G.G'S PRODUCE, 2305 E TRENTON RD EDINBURG, TX 78542							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Expired <input type="checkbox"/> Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name UNITED WISCONSIN INS. CO. Fin. Resp. Num. UWPGA249602							
27 Vehicle Damage Rating 1 1 2 - F D - 7 27 Vehicle Damage Rating 2 1 1 - L D - 7 Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Towed By ABC TOWING Towed To 6831 OLD RANDOL MILL RD							
Unit Num. 42 5 Unit Desc. 6 <input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run LP State TX LP Num. 055C370 VIN 1UYVVS25327U130350							
Veh. Year 2020 6 Veh. Color WHI Veh. Make UTILITY TRAILER MFG Veh. Model NOT APPLICABLE 7 Body Style TL <input type="checkbox"/> Pot. Fire, EMS on Emergency (Explain in Narrative if checked)							
8 DL/ID Type DL/ID State DL/ID Num. 9 DL Class 10 CDL End. 11 DL Rest. DOB (MM/DD/YYYY)							
Address (Street, City, State, ZIP)							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
14 Injury Severity Age 15 Ethnicity 16 Sex 17 Eject. 18 Restr. 19 Airbag 20 Helmet 21 Sol. 22 Alc. Spec. 23 Alc. Result 24 Drug Spec. 25 Drug Result							
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address I. GARZA LLC, 2305 E TRENTON RD EDINBURG, TX 78542							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Expired <input type="checkbox"/> Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name UNITED WISCONSIN INS CO. Fin. Resp. Num. UWPGA249602							
27 Vehicle Damage Rating 1 - B L - 5 27 Vehicle Damage Rating 2 - L F Q - 3 Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Towed By ABC TOWING Towed To 6831 OLD RANDOL MILL RD							



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Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total  
Num. Units 1 4 8

 Total  
Num. Prsns. 1 3 6

 TxDOT  
Crash ID 18142877.1  
/2021093866

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

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*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06:00		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) 097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		* Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 43		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. HDK4494		VIN 5FN3H79D013793					
Veh. Year 2013		6. Veh. Color WHI		Veh. Make HONDA		Veh. Model PILOT	
7 Body Style SV		<input type="checkbox"/> Pol, Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 00212737		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 08/23/1985			
Address (Street, City, State, ZIP) 1205 MESA CREST DR HASLET, TX 76052							
Person Num. 1		12 Psn. Type 1		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity N		Age 35		15 Ethnicity W		16 Sex 2	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address FALKENBERG, ALICIA MARRIE, 1205 MESA CREST DR HASLET, TX 76052					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name USAA	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D 7		27 Vehicle Damage Rating 2 6 - R D - 7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By PERFECT TOWING		Towed To PERFECT TOWING					
Unit Num. 44		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State UN	
LP Num.		VIN					
Veh. Year 2021		6. Veh. Color 99		Veh. Make UNKNOWN		Veh. Model UNKNOWN	
7 Body Style 99		<input type="checkbox"/> Pol, Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99	
10 CDL End. 99		11 DL Rest. 99		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP) UNKNOWN UNK, UNK UNK							
Person Num. 1		12 Psn. Type 99		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity 99		Age 99		15 Ethnicity 99		16 Sex 99	
17 Eject. 99		18 Restr. 99		19 Airbag 99		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address UNKNOWN UNK UNK, UNKNOWN UNK, UNK UNK					
Proof of Fin. Resp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type		Fin. Resp. Name	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 - - - - -		27 Vehicle Damage Rating 2 - - - - -		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By		Towed To					

Copy from Custodial File

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)Case  
ID 210011068TxDOT  
Crash ID 18142877.1/2021093866

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type	
	Carrier's Corp. Name	Carrier's Primary Addr.									
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?

FACTORS & CONDITIONS	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles

36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
Unit #	Contributing	May Have Contrib.		Unit #	Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)				Field Diagram - Not to Scale			

INVESTIGATOR	Time Notified (24HR:MM)				How Notified				Time Arrived (24HRMM)				Report Date (MM/DD/YYYY)				
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				DISPATCH								03/01/2021			
	Investigator Name (Printed)		HARPER, G., MARTIN, K														
	ORI Num.		T X 2 2 0 1 2 0 0														

*Agency FORT WORTH POLICE DEPARTMENT												ID Num.	Service/ Region/DA
												3380-3421	2 0 0 0 0 0

Copy from Custodial File

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE
Total  
Num. Units 1 4 8Total  
Num. Prsns. 1 3 6TxDOT  
Crash ID 1B142877.1  
/2021093866

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

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*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 : 00		Case ID 210011068		Local Use																																																							
*County Name TARRANT				*City Name FORT WORTH																																																									
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) 097.32277																																																							
ROAD ON WHICH CRASH OCCURRED																																																													
*1 Rdwy. TL Sys.		*Hwy. 35 Num.		2 Rdwy. 1 Part		Block 2600 Num.																																																							
3 Street Prefix		* Street Name		4 Street Suffix																																																									
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																							
Workers Present <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.																																																											
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																													
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. LR Sys.		Hwy. Num.		2 Rdwy. 1 Part																																																							
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																																																							
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker																																																							
Street Desc. HWY		RRX Num.																																																											
Unit Num. 45		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX																																																							
LP Num. LRS7914		VIN K M 8 J 3 3 A 2 9 J U 8 2 9 8 0 1																																																											
Veh. Year 2018		6 Veh. Color GRY		Veh. Make HYUNDAI		Veh. Model TUCSON																																																							
7 Body Style SV		<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)																																																											
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 25208915		9 DL Class C																																																							
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 06 / 05 / 1991																																																									
Address (Street, City, State, ZIP) 1215 CARAWAY LN HASLET, TX 76052																																																													
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Prsn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>SHAABANI, SARAH DANIELLE</td> <td>N</td> <td>29</td> <td>W</td> <td>2</td> <td>1</td> <td>1</td> <td>5</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>								Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	SHAABANI, SARAH DANIELLE	N	29	W	2	1	1	5	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																												
1	1	1	SHAABANI, SARAH DANIELLE	N	29	W	2	1	1	5	97	N	96		96	97	97																																												
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																													
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Name & Address SHAABANI, SARAH DANIELLE, 1215 CARAWAY LN HASLET, TX 76052																																																													
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name COLONIAL COUNTY MUTUAL																																																							
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		27 Vehicle Damage Rating 2		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																							
Towed By PERFECT TOWING				Towed To PERFECT TOWING																																																									
Unit Num. 46		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX																																																							
LP Num. KWZ8350		VIN J T H B A 1 D 2 0 H 5 0 4 4 0 1 8																																																											
Veh. Year 2017		6 Veh. Color GRY		Veh. Make LEXUS		Veh. Model IS 250																																																							
7 Body Style P4		<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)																																																											
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 17315350		9 DL Class C																																																							
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 07 / 26 / 1996																																																									
Address (Street, City, State, ZIP) 918 FOREST PARK CT KELLER, TX 76248																																																													
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Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																												
1	1	1	MOONEY, KAREN MARIE	A	51	W	2	1	1	5	97	N	96		96	97	97																																												
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																													
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Name & Address MOONEY, KAREN MARIE, 918 FOREST PARK CT KELLER, TX 76248																																																													
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name STATE FARM																																																							
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 7		27 Vehicle Damage Rating 2 1 2 - R D - 7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																							
Towed By CORNISH TOWING				Towed To CORNISH TOWING																																																									

# Conversion from Custodial File



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE
Total  
Num. Units 1 4 8Total  
Num. Prsns. 1 3 6TxDOT  
Crash ID 18142877.1  
/2021093866

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

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*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 : 00 : 00		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) 097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		* Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4-Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 47		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. MKY0118		VIN 1GYYFZER41KF119205					
Veh. Year 2019		6 Veh. Color BLK		Veh. Make CADILLAC		Veh. Model XTS	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 21110361		9 DL Class C	
10 CDL End. 96		11-DL Rest. 96		DOB (MM/DD/YYYY) 06 / 06 / 1988			
Address (Street, City, State, ZIP) 6001 HARWICH LN FORT WORTH, TX 76179							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity B		Age 32		15 Ethnicity W		16 Sex 2	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address DAVIS, AMANDA MICHELLE, 6001 HARWICH LN FORT WORTH, TX 76179					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name USAA	
Fin. Resp. Num. 028276844 7103		27 Vehicle Damage Rating 1 1 2 - F D - 7		27 Vehicle Damage Rating 2 6 - R D - 7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By CORNISH TOWING				Towed To CORNISH TOWING			
Unit Num. 48		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. LMT7382		VIN 3C6RR6LT2HG530104					
Veh. Year 2017		6 Veh. Color GRY		Veh. Make DODGE		Veh. Model RAM 1500	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 16412917		9 DL Class C	
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 02 / 06 / 1969			
Address (Street, City, State, ZIP) 833 STAFFORD STATION DR SAGINAW, TX 76131							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity C		Age 52		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address GENUALDO, PAUL RICHARD, 833 STAFFORD STATION DR SAGINAW, TX 76131					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name FARMERS INSURANCE	
Fin. Resp. Num. 45006011		27 Vehicle Damage Rating 1 1 2 - F D - 7		27 Vehicle Damage Rating 2 6 - R D - 7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By ADVANCED TOWING				Towed To ADVANCED TOWING			

# CONFIRM Custodial Fee

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total  
Num. Units 1 4 8

 Total  
Num. Prsns. 1 3 6

 TxDOT  
Crash ID 18142877.1  
/2021093866

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

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*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 : 00		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) 097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 49		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State AR	
LP Num. X810521		VIN 3AKJGLDR1KDKN3177					
Veh. Year 2019		6 Veh. Color GRAY		Veh. Make FREIGHTLINER		Veh. Model UNKNOWN	
7 Body Style TT		<input type="checkbox"/> Pol, Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State MX		DL/ID Num. NVOL062506		9 DL Class 98	
10 CDL End. 98		11 DL Rest. 98		DOB (MM/DD/YYYY) 09 / 26 / 1983			
Address (Street, City, State, ZIP) HACIENDA RALDEA 131 GARCIA, MX NL6600							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity C		Age 37		15 Ethnicity H		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 1		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address RICH TRANSPORT LLC, 6011 SCOTT HAMILTON DR LITTLE ROCK, AR 72209							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name UNITED SPECIALTY	
Fin. Resp. Num. EEXBRS0010		27 Vehicle Damage Rating 1 8 - L B Q - 5		27 Vehicle Damage Rating 2 2 - R D - 4		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By EDDS TOWING				Towed To RICH TRANSPORT LLC 4444 IRVING BLVD			
Unit Num. 50		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State OK	
LP Num. 9931KJ		VIN 3H3V532C6FT280408					
Veh. Year 2015		6 Veh. Color WHI		Veh. Make HYUNDAI STEEL INDUSTRIES		Veh. Model NOT APPLICABLE	
7 Body Style TL		<input type="checkbox"/> Pol, Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class	
10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP)							
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity		Age		15 Ethnicity		16 Sex	
17 Eject.		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.	
24 Drug Result		25 Drug Category		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address RICH TRANSPORT LLC, 6011 SCOTT HAMILTON DR LITTLE ROCK, AR 72209							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name UNITED SPECIALTY	
Fin. Resp. Num. EEXBRS0010		27 Vehicle Damage Rating 1 6 - R D - 6		27 Vehicle Damage Rating 2 1 2 - F D - 3		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By EDDS TOWING				Towed To RECH TRANSPORT			

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)Case  
ID 210011068TxDOT  
Crash ID 18142877.1/2021093866

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	49	1	ON SITE	MEDSTAR		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	10,001+ LBS.	TRANSPORTING HAZARDOUS MATERIAL	9+ CAPACITY	CMV Disabling Damage?	Yes No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type													
	49	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Yes	1	1	030577B9	8												
	Carrier's Corp. Name RICH TRANSPORT																						
	Carrier's Primary Addr. 6011 SCOTT HAMILTON DR LITTLE ROCK, AR 72209																						
FACTORS & CONDITIONS	31 Bus Type	RGVW	GVWR	5	2	3	5	0	HazMat Released	Yes	32-HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type								
	0	<input type="checkbox"/>	<input checked="" type="checkbox"/>						<input type="checkbox"/>	No					3								
	Unit Num.	RGVW	GVWR	6	8	0	0	0	34 Trlr. Type	1	CMV Disabling Damage?	Yes	Unit Num.	RGVW	GVWR								
	50	<input type="checkbox"/>	<input checked="" type="checkbox"/>								<input type="checkbox"/>	No		<input type="checkbox"/>	<input type="checkbox"/>								
INVESTIGATOR NARRATIVE AND DIAGRAM	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	Yes	Actual Gross Weight	Total Num. Axles														
		98					<input checked="" type="checkbox"/>	No															
	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)																						
	Field Diagram - Not to Scale																						
INVESTIGATOR	36 Contributing Factors (Investigator's Opinion)		37 Vehicle Defects (Investigator's Opinion)		Environmental and Roadway Conditions																		
	Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control											
INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0	6	4	0	Report Date (MM/DD/YYYY)	03	01	2021							
	Invest. Comp.	<input checked="" type="checkbox"/>	Yes	Investigator Name (Printed)	HARPER, G., MARTIN, K								ID Num.	3380-3421									
	ORI Num.	T	X	2	2	0	1	2	0	0	*Agency	FORT WORTH POLICE DEPARTMENT					Service/ Region/DA	2	0	0	0	0	0

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Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total  
Num. Units 1 4 8

 Total  
Num. Prsns. 1 3 6

 TxDOT  
Crash ID 18142877.1  
/2021093866

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

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*Crash Date (MM/DD/YYYY) 0-2 / 11 / 2021		*Crash Time (24HRMM) 0 -6 0 0		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 3 2 ' 7 9 5 1 3		Longitude (decimal degrees) 0 9 7 ' 3 2 2 7 7	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. TL Sys.		*Hwy. 35 Num.		2 Rdwy. 1 Part		Block 2600 Num.	
3 Street Prefix		* Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/ Toll Lane		Speed Limit		Const. <input type="checkbox"/> Yes Zone <input checked="" type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No		1 Rdwy. LR Sys.		Hwy. Num.		2 Rdwy. 1 Part	
Block 2500 Num.		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 51		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State KS	
LP Num. 198172		VIN 1 X K Y D P 9 X 2 L J 4 1 3 0 1 0					
Veh. Year 2 0 2 0		6 Veh. Color BLK		Veh. Make KENWORTH		Veh. Model UNKNOWN	
7 Body Style TT		<input type="checkbox"/> Pol, Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State KS		DL/ID Num. K02205893		9 DL Class 98	
10 CDL End. 98		11 DL Rest. 98		DOB (MM/DD/YYYY) 0 8 / 0 1 / 1 9 6 9			
Address (Street, City, State, ZIP) 1817 EAST 24TH AVE #7 HUTCHINSON, KS 67502							
Person Num. 1		12 Prsn. Type 1		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity C		Age 51		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 97		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address SUN VALLEY INC, 1601 E BLANCHARD AVE HUTCHINSON, KS 67501					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ARCH INS	
Fin. Resp. Num. ZACAT5205100		27 Vehicle Damage Rating 1 1 2 - F D - 6		27 Vehicle Damage Rating 2 9 - L D - 5		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By BEARDS TOWING				Towed To BEARDS TOWING			
Unit Num. 52		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State KS	
LP Num. C397603		VIN 1 W 1 4 4 5 2 A 2 M 7 7 2 0 5 0 8					
Veh. Year 2 0 2 1		6 Veh. Color SIL		Veh. Make WILSON TRAILER CO		Veh. Model NOT APPLICABLE	
7 Body Style TL		<input type="checkbox"/> Pol, Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class	
10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP)							
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity		Age		15 Ethnicity		16 Sex	
17 Eject.		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.	
24 Drug Result		25 Drug Category					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address SUN VALLEY INC, 1601 E BLANCHARD AVE HUTCHINSON, KS 67501					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ARCH INS	
Fin. Resp. Num. ZACAT5205100		27 Vehicle Damage Rating 1 6 - R D - 6		27 Vehicle Damage Rating 2 1 2 - F D - 6		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By BEARDS TOWING				Towed To BEARDS TOWING			



Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)Case  
ID 210011068TxDOT  
Crash ID 18142877.1/2021093866

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	51	1	LOCAL HOSPITAL	SELF		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

CMV	Unit Num.	10,001+ LBS.	TRANSPORTING HAZARDOUS MATERIAL	9+ CAPACITY	CMV Disabling Damage?	Yes	No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type								
	51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		1	1	01292112	8								
	Carrier's Corp. Name SUN VALLEY INC																		
	Carrier's Primary Addr. 1601 E BLANCHARD AVE HUTCHINSON, KS 67501																		
	31 Bus Type 0	<input type="checkbox"/> RGWW	<input checked="" type="checkbox"/> GVWR	5	3	2	0	0	HazMat Released	<input type="checkbox"/> Yes	<input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	10		
Unit Num.	52	<input type="checkbox"/> RGWW	<input checked="" type="checkbox"/> GVWR	8	5	5	0	0	34 Trlr. Type 2	CMV Disabling Damage?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW	<input checked="" type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sequence Of Events	35 Seq. 1	98	35 Seq. 2		35 Seq. 3		35 Seq. 4		Intermodal Shipping Container Permit	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Actual Gross Weight					Total Num. Axles		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Unit #	Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)	Field Diagram - Not to Scale

INVESTIGATOR	Time Notified (24HR:MM)	0 <th>6 <th>2 <th>0</th> <th>How Notified</th> <th>DISPATCH</th> <th>Time Arrived (24HRMM)</th> <th>0 <th>6 <th>4 <th>0</th> <th>Report Date (MM/DD/YYYY)</th> <th>03 <th>01 <th>2021</th> </th></th></th></th></th></th></th>	6 <th>2 <th>0</th> <th>How Notified</th> <th>DISPATCH</th> <th>Time Arrived (24HRMM)</th> <th>0 <th>6 <th>4 <th>0</th> <th>Report Date (MM/DD/YYYY)</th> <th>03 <th>01 <th>2021</th> </th></th></th></th></th></th>	2 <th>0</th> <th>How Notified</th> <th>DISPATCH</th> <th>Time Arrived (24HRMM)</th> <th>0 <th>6 <th>4 <th>0</th> <th>Report Date (MM/DD/YYYY)</th> <th>03 <th>01 <th>2021</th> </th></th></th></th></th>	0	How Notified	DISPATCH	Time Arrived (24HRMM)	0 <th>6 <th>4 <th>0</th> <th>Report Date (MM/DD/YYYY)</th> <th>03 <th>01 <th>2021</th> </th></th></th></th>	6 <th>4 <th>0</th> <th>Report Date (MM/DD/YYYY)</th> <th>03 <th>01 <th>2021</th> </th></th></th>	4 <th>0</th> <th>Report Date (MM/DD/YYYY)</th> <th>03 <th>01 <th>2021</th> </th></th>	0	Report Date (MM/DD/YYYY)	03 <th>01 <th>2021</th> </th>	01 <th>2021</th>	2021		
	Invest. Comp.	<input checked="" type="checkbox"/> Yes					Investigator Name (Printed)	HARPER, G., MARTIN, K	ID Num.	3380-3421								
	ORI Num.	T	X	2	2	0	1	2	0	0	*Agency	FORT WORTH POLICE DEPARTMENT	Service/ Region/DA	2	0	0	0	0

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Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total  
Num.  
Units 1 4 8

 Total  
Num.  
Prsns. 1 3 6

 TxDOT  
Crash ID... 18142877.1  
/2021093866

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

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*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 : 00		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) 097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		* Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/ Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 53		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run	
LP State IN		LP Num. AMF699		VIN K L 7 9 M R S L 1 M B 0 5 9 9 0 0			
Veh. Year 2021		6 Veh. Color BLU		Veh. Make CHEVROLET		Veh. Model TRAILBLAZER	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DLID Type 1		DLID State IN		DLID Num. 9370097027		9 DL Class 98	
10 CDL End. 98		11 DL Rest. 98		DOB (MM/DD/YYYY) 07 / 09 / 1994			
Address (Street, City, State, ZIP) 2064 BLISS RD FORT WORTH, TX 76177							
Person Num. 1		12 Psh. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity N		Age 26		15 Ethnicity W		16 Sex 2	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address MATTINGLY, MEGHAN MIKAYLA, 2064 BLISS RD FORT WORTH, TX 76177					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ERIE INS	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 3 - P - 7		27 Vehicle Damage Rating 2 1 0 - F L - 4		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By TEXAS TOWING		Towed To TEXAS TOWING					
Unit Num. 54		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run	
LP State TX		LP Num. DG6X580		VIN J T E B U 4 B F 3 B K 1 0 8 3 6 3			
Veh. Year 2011		6 Veh. Color SIL		Veh. Make TOYOTA		Veh. Model FJ CRUISER	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DLID Type 1		DLID State TX		DLID Num. 24017242		9 DL Class BM	
10 COL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 07 / 03 / 1990			
Address (Street, City, State, ZIP) 6006 MONTFORD DR COLLEYVILLE, TX 76034							
Person Num. 1		12 Psh. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity B		Age 30		15 Ethnicity B		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address MCDANIEL, DWIGHT KERN, 6006 MONTFORD DR COLLEYVILLE, TX 76034					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 7		27 Vehicle Damage Rating 2 6 - R D - 7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By MILNER TOWING		Towed To MILNER TOWING					

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	54	1	BAYLOR GRAPEVINE	SELF		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
	Carrier's Corp. Name		Carrier's Primary Addr.					30 Veh. Type
	31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No

FACTORS & CONDITIONS	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing		May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control			

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)						Field Diagram - Not to Scale					

INVESTIGATOR	Time Notified (24HR:MM)		How Notified		Time Arrived (24HR:MM)		Report Date (MM/DD/YYYY)	
	0 6 2 0		DISPATCH		0 6 4 0		03/01/2021	
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) HARPER, G., MARTIN, K						ID Num. 3380-3421
ORI Num.	T X 2 2 0 1 2 0 0		*Agency FORT WORTH POLICE DEPARTMENT				Service/Region/DA 2 0 0 0 0 0	

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Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. Units	1	4	8
Total Num. Prns.	1	3	6

TxDOT Crash ID	18142877.1
	/2021093866

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

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*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 : 00		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) 097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		* Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 55		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. 1433505		VIN 1F M 5 K 8 A W 9 L G C 1 4 3 5 0		7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)	
Veh. Year 2020		6. Veh. Color BLK		Veh. Make FORD		Veh. Model EXPLORER	
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 11046228		9 DL Class CM	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 08 / 17 / 1970			
Address (Street, City, State, ZIP) 505 W FELIX ST FORT WORTH, TX 76115							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity N		Age 50		15 Ethnicity H		16 Sex 2	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address CITY OF, FORT WORTH, 2500 BRENNAN AVE FORT WORTH, TX 76106					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name SELF	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 9 - 1 P - 6		27 Vehicle Damage Rating 2 - - - - -		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By TEXAS TOWING		Towed To CITY OF FORT WORTH IMPOUND					
Unit Num. 56		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State UN	
LP Num.		VIN		7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)	
Veh. Year 2021		6. Veh. Color GRY		Veh. Make TOYOTA		Veh. Model UNKNOWN	
8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99	
10 CDL End. 99		11 DL Rest. 99		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP) UNKNOWN UNKNOWN, UN UNK							
Person Num. 1		12 Prsn. Type 99		13 Seat Position 99		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity 99		Age 99		15 Ethnicity 99		16 Sex 99	
17 Eject. 1		18 Restr. 99		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address UNKNOWN, UNK UNKNOWN, UNKNOWN UNKNOWN, UN UNK					
Proof of Fin. Resp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type		Fin. Resp. Name	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 6 - - - - - R D - 7		27 Vehicle Damage Rating 2 1 2 - - - - - F D - 7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By TEXAS TOWING		Towed To TEXAS TOWING					

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)Case  
ID 210011068TxDOT  
Crash ID 18142877.1/2021093866

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	Carrier's Corp. Name		Carrier's Primary Addr.							
	31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	
	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	

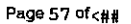
NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)	Field Diagram - Not to Scale

INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0	6	4	0	Report Date (MM/DD/YYYY)	03/01/2021						
		Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) HARPER, G., MARTIN, K				ID Num.	3380-3421											
	ORI Num.	T	X	2	2	0	1	2	0	0	*Agency FORT WORTH POLICE DEPARTMENT			Service/ Region/DA	2	0	0	0	0	0

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*Crash Date (MM/DD/YYYY) 02 / 11 / 2021	*Crash Time (24HRMM) 0600	Case ID 210011068	Local Use
*County Name TARRANT	*City Name FORT WORTH	Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Latitude (decimal degrees) 32° 7' 9" N	Longitude (decimal degrees) 097° 3' 2" W	
ROAD ON WHICH CRASH OCCURRED			
*1 Rdwy. Sys. TL	*Hwy. Num. 35	2 Rdwy. Part 1	Block Num. 2600
		3 Street Prefix	*Street Name
4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot			
<input checked="" type="checkbox"/> Toll Road/Toll Lane			
Speed Limit Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Street Desc.			
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER			
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1 Rdwy. Sys. LR	Hwy. Num.	2 Rdwy. Part 1
		Block Num. 2500	3 Street Prefix NE
		Street Name 28TH	4 Street Suffix ST
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker S
Reference Marker		Street Desc. HWY	RXX Num.
Unit Num. 57	5 Unit Desc. 1	Parked Vehicle <input type="checkbox"/>	Hit and Run <input type="checkbox"/>
LP State TX		LP Num. R110574	VIN 1FUGJGBG1GLZ6976
Veh. Year 2016	6 Veh. Color WHI	Veh. Make FREIGHTLINER	Veh. Model CASCADIA 125
7 Body Style TT		<input type="checkbox"/> Pol, Fire, EMS on Emergency (Explain in Narrative if checked)	
8 DL>ID Type 1	DL>ID State TX	DL>ID Num. 40290659	9 DL Class A
10 CDL End. T,N,H		11 DL Rest. P27	DOB (MM/DD/YYYY) 11/08/1984
Address (Street, City, State, ZIP) 6078 COPPERFIELD DR #411 FORT WORTH, TX 76132			
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line			
Person Num. 1	12 Prsn. Type 1	13 Seat Position 1	Name WILLIAMS, CODY SLOAN
14 Injury Severity B	Age 36	15 Ethnicity W	16 Sex M
17 Eject 1	18 Restr. 1	19 Airbag 1	20 Helmet 97
21 Sol. N	22 Alc. Spec. 96	Alc. Result	23 Drug Spec. 96
24 Drug Result 97	25 Drug Category 97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.	
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee			
Owner/Lessee Name & Address GO TO, LOGISTICS INC, 2233 N WEST ST RIVER GROVE, IL 60171			
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		26 Fin. Resp. Type 1	
Fin. Resp. Name ARCH INS.		Fin. Resp. Num. ZACAT6009803	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 6	
Towed By MILNER TOWING		Towed To 6320 EDEN DR, FORT WORTH	
Unit Num. 58	5 Unit Desc. 6	Parked Vehicle <input type="checkbox"/>	Hit and Run <input type="checkbox"/>
LP State IL		LP Num. 418014ST	VIN 1UYVVS2530BM144207
Veh. Year 2011	6 Veh. Color WHI	Veh. Make UTILITY TRAILER MFG	Veh. Model NOT APPLICABLE
7 Body Style TL		<input type="checkbox"/> Pol, Fire, EMS on Emergency (Explain in Narrative if checked)	
8 DL>ID Type	DL>ID State	DL>ID Num.	9 DL Class
10 CDL End.		11 DL Rest.	DOB (MM/DD/YYYY)
Address (Street, City, State, ZIP)			
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line			
Person Num.	12 Prsn. Type	13 Seat Position	Name
14 Injury Severity	Age	15 Ethnicity	16 Sex
17 Eject	18 Restr.	19 Airbag	20 Helmet
21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.
24 Drug Result	25 Drug Category	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.	
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee			
Owner/Lessee Name & Address GO TO, LOGISTICS INC, 1215 DUNAMON DR BARTLETT, IL 60103			
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		26 Fin. Resp. Type 1	
Fin. Resp. Name ARCH INS.		Fin. Resp. Num. ZACAT6009803	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 5 - R P - 3	
Towed By MILNER TOWING		Towed To 6320 EDEN RD, FORT WORTH	

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)Case  
ID 210011068TxDOT  
Crash ID 18142877.1/2021093866

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	57	1	PERSONAL DR	SELF		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	10,001+ LBS.	TRANSPORTING HAZARDOUS MATERIAL	9+ CAPACITY	CMV Disabling Damage?	Yes	No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type											
	57	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			2	1	01500245	8										
	Carrier's Corp. Name GO TO LOGISTICS INC																					
	Carrier's Primary Addr. 2233 N WEST ST RIVER GROVE, IL 60171																					
FACTORS & CONDITIONS	31 Bus Type	RGVW	GVWR	5	2	0	0	0	HazMat Released	Yes	No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type						
	0	<input type="checkbox"/>	<input checked="" type="checkbox"/>						<input type="checkbox"/>							3						
	Unit Num.	58	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6	5	0	0	34 Trlr. Type	2	CMV Disabling Damage?	<input checked="" type="checkbox"/>	Yes	No	Unit Num.		34 Trlr. Type		CMV Disabling Damage?	<input type="checkbox"/>	Yes	No
	Sequence Of Events	35 Seq. 1	98	35 Seq. 2		35 Seq. 3		35 Seq. 4		Intermodal Shipping Container Permit	<input type="checkbox"/>	Yes	No	Actual Gross Weight		Total Num. Axles						

36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	

INVESTIGATOR NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)				Field Diagram - Not to Scale			

INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0	6	4	0	Report Date (MM/DD/YYYY)	03/01/2021	
	Invest. Comp.	<input checked="" type="checkbox"/>	Yes	Investigator Name (Printed)	HARPER, G., MARTIN, K				ID Num.	3380-3421					
	ORI Num.	T	X	2	2	0	1	2	0	0	*Agency	FORT WORTH POLICE DEPARTMENT			
	Service/ Region/DA	2	0	0	0	0	0	0							

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Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total  
Num. Units 1 4 8

 Total  
Num. Prvns. 1 3 6

 TxDOT  
Crash ID 18142877.1  
/2021093866

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

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*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 00		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
<input type="checkbox"/> Outside City Limit							
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Latitude (decimal degrees) 32.79513 Longitude (decimal degrees) 097.32277							
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		* Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot <input checked="" type="checkbox"/> Toll Road/Toll Lane							
Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Street Desc.							
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT. <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 59		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. NPF2365		VIN 1GCG4YUE2L186920					
Veh. Year 2020		6. Veh. Color WHI		Veh. Make CHEVROLET		Veh. Model SILVERADO K3500	
7 Body Style PK		<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 19943103		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 06 / 19 / 1986			
Address (Street, City, State, ZIP) 8120 HORSEMAN RD FORT WORTH, TX 76131							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		14 Injury Severity N	
Age 34		15 Ethnicity W		16 Sex 1		17 Eject. 1	
18 Restr. 1		19 Airbag 5		20 Helmet 97		21 Sol. N	
22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97							
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address THELIN, RECYCLING CO, 5225 THELIN ST FORT WORTH, TX 76115							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name UNITED FIRST CASUALTY	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 7		27 Vehicle Damage Rating 2 6 - R D - 7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By BEARDS TOWING				Towed To BEARDS TOWING			
Unit Num. 60		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. MWX4836		VIN 5NMS23AD7KH009447					
Veh. Year 2019		6. Veh. Color GRAY		Veh. Make HYUNDAI		Veh. Model SANTA FE	
7 Body Style SV		<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 44716391		9 DL Class C	
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 04 / 08 / 1962			
Address (Street, City, State, ZIP) 11916 HICKORY CIR FORT WORTH, TX 76244							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		14 Injury Severity A	
Age 58		15 Ethnicity W		16 Sex 2		17 Eject. 1	
18 Restr. 1		19 Airbag 5		20 Helmet 97		21 Sol. N	
22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97							
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address ROBERTSON, ENID LYL 11916 HICKORY CIR FORT WORTH, TX 76244							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ALLSTATE	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 7		27 Vehicle Damage Rating 2 6 - R D - 7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By BEARDS TOWING				Towed To BEARDS TOWING			

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To		Taken By		Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)								
	60	1	BAYLOR		MEDSTAR 81												
CHARGES	Unit Num.	Prsn. Num.	Charge						Citation/Reference Num.								
DAMAGE	Damaged Property Other Than Vehicles				Owner's Name				Owner's Address								
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.								
	Carrier's Corp. Name				Carrier's Primary Addr.				30 Veh. Type								
	31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type								
	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No							
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles								
FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions								
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control			
NARRATIVE AND DIAGRAM	--Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)							Field Diagram - Not to Scale									
INVESTIGATOR	Time Notified (24HR:MM)		0 6 2 0		How Notified		DISPATCH		Time Arrived (24HRMM)		0 6 4 0		Report Date (MM/DD/YYYY)		03/01/2021		
	Invest. Comp.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Investigator Name (Printed) HARPER, G., MARTIN, K								ID Num.		3380-3421		
	ORI Num.		T X 12 12 0 1 2 0 0		*Agency FORT WORTH POLICE DEPARTMENT								Service/Region/DA		2 0 0 0 0 0		

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL-BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE
Total  
Num. Units 1 4 8Total  
Num. Prsns. 1 3 6TxDOT  
Crash ID 18142877.1  
/2021093866

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

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*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 : 00		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) 097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. TL Sys.		*Hwy. 35 Num.		2 Rdwy. 1 Part		Block 2600 Num.	
3 Street Prefix		* Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/ Toll Lane		Speed Limit		Const. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present		<input checked="" type="checkbox"/> No		Street Desc.			
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. LR Sys.		Hwy. Num.		2 Rdwy. 1 Part	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 61		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. NWK0448		VIN					
Veh. Year 2021		6 Veh. Color GRAY		Veh. Make UNKNOWN		Veh. Model UNKNOWN	
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 OL Class 99	
10 CDL End. 99		11 DL Rest. 99		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP) UNKNOWN UNKNOWN, UN UNK							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity 99		Age 99		15 Ethnicity 99		16 Sex 99	
17 Eject. 1		18 Restr. 99		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address UNKNOWN, UNK UNK, UNKNOWN, UNKNOWN, UN-UNK					
Proof of Fin. Resp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type		Fin. Resp. Name	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 7		27 Vehicle Damage Rating 2 - - - - -		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By UNKNOWN		Towed To UNKNOWN					
Unit Num. 62		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. LDX1404		VIN 5 X Y Z T 3 L B 1 J G 5 1 0 1 8 6					
Veh. Year 2018		6 Veh. Color BLK		Veh. Make HYUNDAI		Veh. Model SANTA FE	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 44019005		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 02 / 24 / 1968			
Address (Street, City, State, ZIP) 1440 DUN HORSE DR HASLET, TX 76052							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity A		Age 52		15 Ethnicity W		16 Sex 2	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address KILBREATH, SUZETTE JANELLE 1440 DUN HORSE DR HASLET, TX 76052					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 7		27 Vehicle Damage Rating 2 6 - R D - 7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By TEXAS TOWING		Towed To TEXAS TOWING					



DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	62	1	MEDICAL CITY ALLIANCE	MEDSTAR		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
	Carrier's Corp. Name		Carrier's Primary Addr.						30 Veh. Type
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?

FACTORS & CONDITIONS	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles

36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)	Field Diagram - Not to Scale

INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0	6	4	0	Report Date (MM/DD/YYYY)	03/01/2021							
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) HARPER, G., MARTIN, K						ID Num. 3380-3421												
	ORI Num.	T	X	2	2	0	1	2	0	0	*Agency FORT WORTH POLICE DEPARTMENT				Service/ Region/DA	2	0	0	0	0	0

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Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total  
Num. Units 1 4 8

 Total  
Num. Prsns. 1 3 6

 TxDOT  
Crash ID 18142877.1  
/2021093866

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

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*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 00		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) 097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block 2600	
3 Street Prefix		* Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/ Toll Lane		Speed Limit	
Const. Zone		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Desc.							
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 63		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run	
LP State TX		LP Num. 77316DV		VIN K N M A T 2 M V 6 J P 5 5 B 3 8 9			
Veh. Year 2018		6. Veh. Color BLK		Veh. Make NISSAN		Veh. Model ROGUE	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 19917952		9 DL Class CM	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 07 / 05 / 1963			
Address (Street, City, State, ZIP) 5508 BLUE SPRUCE DR ARLINGTON, TX 76018							
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity		Age		15 Ethnicity		16 Sex	
17 Eject.		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec	
24 Drug Result		25 Drug Category					
1		1		1		ENGEL, ROBERT ALAN	
B		57		W		1	
1		1		1		5	
97		N		96		96	
97		97		97		97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address ENGEL, ROBERT ALAN, 5508 BLUE SPRUCE DR ARLINGTON, TX 76018							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name FARMERS	
Fin. Resp. Num. 44562585							
27 Vehicle Damage Rating 1 6 - R D - 7		27 Vehicle Damage Rating 2 1 2 - F D - 7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Towed By CORNISH TOWING				Towed To CORNISH TOWING			
Unit Num. 64		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run	
LP State TX		LP Num. JVV4480		VIN 1 F T B F 2 A 6 2 H E D 3 1 1 7 9			
Veh. Year 2017		6. Veh. Color WHI		Veh. Make FORD		Veh. Model F250	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State HI		DL/ID Num. H01437163		9 DL Class 98	
10 CDL End. 98		11 DL Rest. 98		DOB (MM/DD/YYYY) 12 / 06 / 1966			
Address (Street, City, State, ZIP) 14-746 FLOWER ST PAHOA, HI 96778							
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity		Age		15 Ethnicity		16 Sex	
17 Eject.		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec	
24 Drug Result		25 Drug Category					
1		1		1		WILLIAMS, WILLIAM DARRELL	
K		54		98		1	
1		1		1		5	
97		N		96		96	
97		97		97		97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address GREEP MECH, ENG AND CONST INC 3640 8TH AVE FORT WORTH, TX 76110							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name AMERISURE INSURANCE CO	
Fin. Resp. Num. CA1281769							
27 Vehicle Damage Rating 1 1 2 - F D - 7		27 Vehicle Damage Rating 2 6 - R D - 7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Towed By BEARDS TOWING				Towed To BEARDS TOWING			

Case ID 210011068 TxDOT Crash ID 18142877.1/2021093866

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	63	1		USMD ARLINGTON	PERSONAL VEH	
64	1		TC MORGUE	FORT WORTH FUNERALS AND CREMATION	02/11/2021	0603

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
	Carrier's Corp. Name		Carrier's Primary Addr.				30 Veh. Type	
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	

INVESTIGATOR	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)										Field Diagram - Not to Scale									

INVESTIGATOR	Time Notified (24HR:MM)		How Notified		Time Arrived (24HR:MM)		Report Date (MM/DD/YYYY)		ID Num.							
		0	6	2	0	DISPATCH	0	6	4	0	03/01/2021	3380-3421				
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) HARPER, G., MARTIN, K										Service/Region/DA				
	ORI Num.	T	X	2	2	0	1	2	0	0	*Agency FORT WORTH POLICE DEPARTMENT					
											2	0	0	0	0	0

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Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE
Total  
Num. Units 1 4 8Total  
Num. Prsns. 1 3 6TxDOT  
Crash ID 18142877.1  
/2021093866

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

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*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 00		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) 097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block 2600	
3 Street Prefix		* Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 65		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. NPB5797		VIN 1 F T 7 W 2 B T 0 L E C 3 9 2 3 3					
Veh. Year 2020		6 Veh. Color RED		Veh. Make FORD		Veh. Model F250	
7 Body Style PK		<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 01159671		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 09 / 25 / 1971			
Address (Street, City, State, ZIP) 500 WOODLAND PARK DR BOYD, TX 76023							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity K		Age 49		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address VARDY, CHRISTOPHER RAY, 500 WOODLAND PARK DR BOYD, TX 76023							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name FARMERS INS	
Fin. Resp. Num. 46614184		27 Vehicle Damage Rating 1 1 2 - F D - 7		27 Vehicle Damage Rating 2 6 - R D - 7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By CORNISH TOWING				Towed To CORNISH TOWING			
Unit Num. 66		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. MKT5732		VIN 1 C 4 P J M J N 9 K D 4 6 4 2 9 7					
Veh. Year 2019		6 Veh. Color BLK		Veh. Make JEEP		Veh. Model GRAND CHEROKEE	
7 Body Style SV		<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 44629286		9 DL Class C	
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 09 / 10 / 1982			
Address (Street, City, State, ZIP) 2512 BOOT JACK RD FORT WORTH, TX 76177							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity B		Age 38		15 Ethnicity B		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address BLAKE, SAMUEL ETIENNE, 2512 BOOT JACK RD FORT WORTH, TX 76177							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE	
Fin. Resp. Num. 916025293		27 Vehicle Damage Rating 1 6 - R D - 7		27 Vehicle Damage Rating 2 1 2 - F D - 7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By EDS TOWING				Towed To EDS TOWING			

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Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total  
Num. Units 1 4 8

 Total  
Num. Prsns. 1 3 6

 TxDOT  
Crash ID 18142877.1  
/2021093866

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

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*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 00		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) 097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 67		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State MO	
LP Num. 49KR4D		VIN 1XPBDB9X7LD364465					
Veh. Year 2020		6 Veh. Color GRN		Veh. Make PETERBILT		Veh. Model 397	
7 Body Style TT		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State KS		DL/ID Num. K02388146		9 DL Class 98	
10 CDL End. 98		11 DL Rest. 98		DOB (MM/DD/YYYY) 07 / 05 / 1985			
Address (Street, City, State, ZIP) 6125 OTTER CREEK RD OLSBURG, KS 66520							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity B		Age 35		15 Ethnicity W		16 Sex 1	
17 Eject 1		18 Restr. 1		19 Airbag 1		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address NEW PRIME INCE, 2740 MAYFAIR AVE SPRINGFIELD, MO 75409					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ACE AMERICAN INS	
Fin. Resp. Num. XSAH25294221		27 Vehicle Damage Rating 1 1 2 - F D - 6		27 Vehicle Damage Rating 2 - - - - -		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By TEXAS TOWING		Towed To TEXAS TOWING					
Unit Num. 68		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State MO	
LP Num. 25A781		VIN 1RND53A29ER030781					
Veh. Year 2014		6 Veh. Color 98		Veh. Make REITNOUER		Veh. Model NOT APPLICABLE	
7 Body Style TL		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class	
10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP)							
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity		Age		15 Ethnicity		16 Sex	
17 Eject		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.	
24 Drug Result		25 Drug Category					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address NEW PRIME INC., 2740 MAYFAIR AVE SPRINGFIELD, MO 65803					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ACE AMERICAN INS	
Fin. Resp. Num. XSAH25294221		27 Vehicle Damage Rating 1 1 0 - F L - 3		27 Vehicle Damage Rating 2 - - - - -		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By TEXAS TOWING		Towed To TEXAS TOWING					

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Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total  
Num. Units 1 4 8

 Total  
Num. Prsns. 1 3 6

 TxDOT  
Crash ID 18142877.1  
/2021093866

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

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*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 00		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) 097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. TL Sys.		*Hwy. 35 Num.		2 Rdwy. 1 Part		Block 2600	
3 Street Prefix		* Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. LR Sys.		Hwy. Num.		2 Rdwy. 1 Part	
Block 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 69		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. LBK8034		VIN 3C6UR5C17JG296214					
Veh. Year 2018		6 Veh. Color BLK		Veh. Make DODGE		Veh. Model RAM 2500	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 18034466		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 04/24/1980			
Address (Street, City, State, ZIP) 3509 N JULIET LN FORT WORTH, TX 76137							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity B		Age 40		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address GIERISCH, EDMUND WILLIAM, 3509 N JULIET LN FORT WORTH, TX 76137					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name TRAVELERS	
Fin. Resp. Num. 6031076732221							
27 Vehicle Damage Rating 1 6		R D 6		27 Vehicle Damage Rating 2 9		L P 6	
Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Towed By BEARDS TOWING		Towed To BEARDS TOWING					
Unit Num. 70		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. B17558R		VIN 5YF54MCXP064473					
Veh. Year 2021		6 Veh. Color BLK		Veh. Make TOYOTA		Veh. Model COROLLA	
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 17314524		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 08/28/1971			
Address (Street, City, State, ZIP) 612 WOLLFORD WAY FORT WORTH, TX 76131							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity B		Age 49		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address REID, GLENN LEWIS JR, 612 WOLLFORD WAY FORT WORTH, TX 76131					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name USAA	
Fin. Resp. Num. 041958401 7101							
27 Vehicle Damage Rating 1 1		2 F D 7		27 Vehicle Damage Rating 2 6		R D 7	
Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Towed By BEARDS TOWING		Towed To BEARDS TOWING					

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Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total  
Num. Units 1 4 8

 Total  
Num. Prsns. 1 3 6

 TxDOT  
Crash ID 18142877.1  
/2021093866

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

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*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 : 00		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) 097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 71		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. 484548C		VIN 1GB2WLE72M150097					
Veh. Year 2021		6. Veh. Color WHI		Veh. Make CHEVROLET		Veh. Model C2500	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 13336871		9 DL Class C	
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 07 / 13 / 1968		B	
Address (Street, City, State, ZIP) 5633 OAK HAVEN FORT WORTH, TX 76244							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity B		Age 52		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address A&G PIPING, 3124 WICHITA CT FORT WORTH, TX 76140					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name EMC INSURANCE	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 7		27 Vehicle Damage Rating 2 6 - R D - 5		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By BEARDS TOWING		Towed To BEARDS TOWING					
Unit Num. 72		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. FXK4885		VIN 1FTETEX1CM0EK19893					
Veh. Year 2014		6. Veh. Color WHI		Veh. Make FORD		Veh. Model F150	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 11380573		9 DL Class C	
10 CDL End. N		11 DL Rest. A		DOB (MM/DD/YYYY) 06 / 22 / 1984		4	
Address (Street, City, State, ZIP) 3009 HIGH CHAPARRAL DR FLOWER MOUND, TX 75022							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity 99		Age 36		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address THE NELROD CO, 3301 WEST FWY FORT WORTH, TX 76107					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name TURNBALL INSURANCE	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 7		27 Vehicle Damage Rating 2 6 - R D - 7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By BEARDS TOWING		Towed To BEARDS TOWING					



DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	71	1	LOCAL HOSPITAL	SELF		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
	Carrier's Corp. Name		Carrier's Primary Addr.					30 Veh. Type
	31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No

Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles
--------------------	-----------	-----------	-----------	-----------	---	---------------------	------------------

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing		May Have Contrib.	Contributing		May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)								Field Diagram - Not to Scale							

INVESTIGATOR	Time Notified (24HR:MM)		0 6 2 0		How Notified		DISPATCH		Time Arrived (24HR:MM)		0 6 4 0		Report Date (MM/DD/YYYY)				03/01/2021											
	Invest. Comp.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Investigator Name (Printed)								HARPER, G., MARTIN, K								ID Num.				3380-3421			
	ORI Num.		TX 2 2 0 1 2 0 0		*Agency								FORT WORTH POLICE DEPARTMENT								Service/Region/DA				2 0 0 0 0 0			

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Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. Units	1	4	8
Total Num. Prsns.	1	3	6
TxDOT Crash ID	18142877.1 / 2021093866		

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

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*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 : 00		Case ID 210011068		Local Use																																																							
*County Name TARRANT				*City Name FORT WORTH																																																									
In your opinion, did this crash result in at least \$1,000 damage to any one person's property?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513																																																							
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						4 Street Suffix																																																							
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																							
				Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.																																																							
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						Street Name 28TH																																																							
						4 Street Suffix ST																																																							
Distance from Int. or Ref. Marker 1000		<input type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker																																																							
						Street Desc. HWY																																																							
RRX Num.																																																													
Unit Num. 73		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX																																																							
						LP Num. LPS5582																																																							
						VIN 2G C 2 C R E G 2 K 1 1 3 6 4 6 8																																																							
Veh. Year 2019		6. Veh. Color WHI		Veh. Make CHEVROLET		Veh. Model SILVERADO C2500																																																							
						7 Body Style PK																																																							
						<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																							
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 42901177		9 DL Class C																																																							
						10 CDL End. N																																																							
						11 DL Rest. A																																																							
						DOB (MM/DD/YYYY) 05 / 13 / 1977																																																							
Address (Street, City, State, ZIP) 5904 FANTAIL DR FORT WORTH, TX 76179																																																													
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Prsn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>KIND, JAMES LEE</td> <td>99</td> <td>43</td> <td>W</td> <td>1</td> <td>1</td> <td>1</td> <td>5</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>								Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	KIND, JAMES LEE	99	43	W	1	1	1	5	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																												
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<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address AUTOMATIC, SPRINKLER OF TEXAS, 1147 SOUTH CEDAR RIDGE DUNCANVILLE, TX 75137																																																													
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Expired <input type="checkbox"/> Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name ACUITY Fin. Resp. Num. ZG0088																																																													
27 Vehicle Damage Rating 1 1 2 - F D - 7 27 Vehicle Damage Rating 2 - - - - - Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																													
Towed By BEARDS TOWING Towed To BEARDS TOWING																																																													
<table border="1"> <tr> <td>Unit Num. 74</td> <td>5 Unit Desc. 1</td> <td><input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run</td> <td>LP State TX</td> <td>LP Num. SNDMAN7</td> <td>VIN 1 C 6 R R E J T 6 K N 8 9 8 7 4 8</td> </tr> <tr> <td>Veh. Year 2019</td> <td>6. Veh. Color GRY</td> <td>Veh. Make DODGE</td> <td>Veh. Model RAM 1500</td> <td>7 Body Style PK</td> <td><input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)</td> </tr> <tr> <td>8 DL/ID Type 1</td> <td>DL/ID State TX</td> <td>DL/ID Num. 14865791</td> <td>9 DL Class C</td> <td>10 CDL End. X, T</td> <td>11 DL Rest. 96</td> </tr> <tr> <td colspan="6">DOB (MM/DD/YYYY) 03 / 01 / 1973</td> </tr> <tr> <td colspan="6">Address (Street, City, State, ZIP) 12824 CAMPOLINA WAY FORT WORTH, TX 76244</td> </tr> </table>								Unit Num. 74	5 Unit Desc. 1	<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run	LP State TX	LP Num. SNDMAN7	VIN 1 C 6 R R E J T 6 K N 8 9 8 7 4 8	Veh. Year 2019	6. Veh. Color GRY	Veh. Make DODGE	Veh. Model RAM 1500	7 Body Style PK	<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)	8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 14865791	9 DL Class C	10 CDL End. X, T	11 DL Rest. 96	DOB (MM/DD/YYYY) 03 / 01 / 1973						Address (Street, City, State, ZIP) 12824 CAMPOLINA WAY FORT WORTH, TX 76244																													
Unit Num. 74	5 Unit Desc. 1	<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run	LP State TX	LP Num. SNDMAN7	VIN 1 C 6 R R E J T 6 K N 8 9 8 7 4 8																																																								
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DOB (MM/DD/YYYY) 03 / 01 / 1973																																																													
Address (Street, City, State, ZIP) 12824 CAMPOLINA WAY FORT WORTH, TX 76244																																																													
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Prsn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>SPINKS, TIMOTHY SHANE</td> <td>B</td> <td>47</td> <td>W</td> <td>1</td> <td>1</td> <td>1</td> <td>99</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>								Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	SPINKS, TIMOTHY SHANE	B	47	W	1	1	1	99	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																												
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<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address SPINKS, TIMOTHY SHANE, 12824 CAMPOLINA WAY FORT WORTH, TX 76244																																																													
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Expired <input type="checkbox"/> Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name FARMERS INSURANCE Fin. Resp. Num. 43573511																																																													
27 Vehicle Damage Rating 1 8 - B L - 3 27 Vehicle Damage Rating 2 - - - - - Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																													
Towed By BEARDS TOWING Towed To BEARDS TOWING																																																													

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Law Enforcement and TxDOT Use ONLY

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 Total  
Num. Units 1 4 8

 Total  
Num. Prsns. 1 3 6

 TxDOT  
Crash ID 18142877.1  
/2021093866

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Page 75 of 77

*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 : 00		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) 097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. TL Sys.		*Hwy. 35 Num.		2 Rdwy. 1 Part		Block 2600 Num.	
3 Street Prefix		* Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. LR Sys.		Hwy. Num.		2 Rdwy. 1 Part	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 75		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State IN	
LP Num. 1727172		VIN 1XPB D 49X0 F D 2 B 5 0 9 2					
Veh. Year 2015		6 Veh. Color BLK		Veh. Make PETERBILT		Veh. Model UNKNOWN	
7 Body Style TT		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 37498103		9 DL Class A	
10 CDL End. N		11 DL Rest. 96		DOB (MM/DD/YYYY) 05 / 25 / 1987			
Address (Street, City, State, ZIP) 117 MEADOW VIEW LN ANNA, TX 75409							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity B		Age 33		15 Ethnicity H		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 1		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address ALTON LOGISTICS LLC, 117 MEADOW VIEW LN ANNA, TX 75409					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name WESCO INS	
Fin. Resp. Num. WMC1816266		27 Vehicle Damage Rating 1 1 2 - F D - 5		27 Vehicle Damage Rating 2 - - - - -		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By MILNER TOWING		Towed To MILNER TOWING					
Unit Num. 76		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. 093B838		VIN 1JJV 5 3 2 W 6 X L 5 8 2 3 0 8					
Veh. Year 1999		6 Veh. Color WHI		Veh. Make WABASH NATIONAL CORP		Veh. Model NOT APPLICABLE	
7 Body Style TL		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class	
10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP)							
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity		Age		15 Ethnicity		16 Sex	
17 Eject.		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.	
24 Drug Result		25 Drug Category					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address ALTON LOGISTICS LLC, 117 MEADOW VIEW LN ANNA, TX 75409					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name WESCO	
Fin. Resp. Num. WMC1816266		27 Vehicle Damage Rating 1 4 - B R - 3		27 Vehicle Damage Rating 2 - - - - -		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By MILNER		Towed To MILNER					

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)Case  
ID 210011068TxDOT  
Crash ID 18142877.1/2021093866

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	75	1	PERSONAL DR	SELF		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

CMV	Unit Num.	10,001+ LBS.	TRANSPORTING HAZARDOUS MATERIAL	9+ CAPACITY	CMV Disabling Damage?	Yes	No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type				
	75	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		1	1	02819533	8				
	Carrier's Corp. Name ALTON LOGISTICS LLC														
	Carrier's Primary Addr. 117 MEADOW VIEW LN ANNA, TX 75409														
	31 Bus Type	<input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GVWR	5	1	2	0	0	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	
76	<input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GVWR	6	8	0	0	0	34 Trlr. Type	2	CMV Disabling Damage?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1	98	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Actual Gross Weight	Total Num. Axles						

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened - (Attach Additional Sheets if Necessary)	Field Diagram - Not to Scale

INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HRMM)	0	6	4	0	Report Date (MM/DD/YYYY)	03/01/2021					
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) HARPER, G., MARTIN, K																
	ORI Num.	T	X	2	2	0	1	2	0	0	*Agency FORT WORTH POLICE DEPARTMENT				ID Num. 3380-3421				
													Service/ Region/DA	2	0	0	0	0	0

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☒ FATAL ☒ CMV ☐ SCHOOL BUS. ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total  
Units 1 4 8

 Total  
Persons 1 3 6

 TxDOT  
Crash ID 18142877.1  
/2021093866

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Page 77 of 88

*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 : 00		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
<input type="checkbox"/> Outside City Limit							
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Latitude (decimal degrees) 32.79513				Longitude (decimal degrees) 097.32277			
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. TL Sys.		*Hwy. 35 Num.		2 Rdwy. 1 Part		Block 2600 Num.	
3 Street Prefix		* Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/ Toll Lane		Speed Limit	
Const. Zone		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Desc.							
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. LR Sys.		Hwy. Num.		2 Rdwy. 1 Part	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 77		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run	
LP State TX		LP Num. MDX5470		VIN 3GCPCE4JG644031			
Veh. Year 2018		6 Veh. Color BLK		Veh. Make CHEVROLET		Veh. Model C1500	
7 Body Style PK		<input type="checkbox"/> Pol, Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 33939371		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 10 / 21 / 1994			
Address (Street, City, State, ZIP) 2821 AIRPORT FWY #616 BEDFORD, TX 76021							
Person Num.		12 Psn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity		Age		15 Ethnicity		16 Sex	
17 Eject.		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.	
24 Drug Result		25 Drug Category					
1		1		1		WILLIAMS, CALEB TITUS	
A		26		W		1	
1		1		1		1	
5		97		N		96	
96		97		97		97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address WILLIAMS, CALEB TITUS, 2821 AIRPORT FWY #616 BEDFORD, TX-76021							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F R - 4		27 Vehicle Damage Rating 2 6 - F C - 4		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By UNKNOWN				Towed To UNKNOWN			
Unit Num. 78		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run	
LP State TX		LP Num. K069590		VIN 1FDBW3H64HE73499			
Veh. Year 2017		6 Veh. Color WHI		Veh. Make FORD		Veh. Model F350	
7 Body Style PK		<input type="checkbox"/> Pol, Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99	
10 CDL End. 99		11 DL Rest. 99		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP) UNKNOWN UNKNOWN, UN UNK							
Person Num.		12 Psn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity		Age		15 Ethnicity		16 Sex	
17 Eject.		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.	
24 Drug Result		25 Drug Category					
1		99		99		UNKNOWN, UNKNOWN UNK	
99		99		99		1	
99		1		97		N	
96		96		97		97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address MERCHANTS, AUTOMOTIVE GROUP, 1278 HOOKSETT RD, HOOKSETT, TX 73106							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ACE PROPERTY	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 2 - F R - 2		27 Vehicle Damage Rating 2 1 2 - F C - 2		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By DRIVEN BY OWNER				Towed To HOME			

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Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total  
Num. Units 1 4 8

 Total  
Num. Prsns. 1 3 6

 TxDOT  
Crash ID 18142877.1  
/2021093866

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

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*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 : 00		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude — (decimal degrees) 097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. TL Sys.		*Hwy. 35 Num.		2 Rdwy. 1 Part		Block 2600 Num.	
3 Street Prefix		* Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/ Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. LR Sys.		Hwy. Num.		2 Rdwy. 1 Part	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 79		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run	
LP State TX		LP Num. KH24399		VIN K N A G M 4 A D X D 5 0 4 3 0 8 3			
Veh. Year 2013		6 Veh. Color WHI		Veh. Make KIA		Veh. Model OPTIMA	
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 33759253		9 DL Class C	
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 11 / 01 / 1987			
Address (Street, City, State, ZIP) 10041 TULARE LN FORT WORTH, TX 76177							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity B		Age 33		15 Ethnicity W		16 Sex 2	
17 Eject. 1		18 Restr. 1		19 Airbag 1		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address ST PIERRE, JORDAN JENAE, 10041 TULARE LN FORT WORTH, TX 76177					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 3		27 Vehicle Damage Rating 2 6 - R D - 3		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By DRIVER		Towed To HOME					
Unit Num. 80		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run	
LP State TX		LP Num. NPG1066		VIN 3 C 6 3 R R H L 2 L G 2 0 1 0 5 5			
Veh. Year 2020		6 Veh. Color WHI		Veh. Make DODGE		Veh. Model RAM 3500	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 26083910		9 DL Class CM	
10 CDL End. N		11 DL Rest. A		DOB (MM/DD/YYYY) 04 / 20 / 1996			
Address (Street, City, State, ZIP) 115 SIERRA TR JUSTIN, TX 76247							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity N		Age 56		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 1		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address KEY, TAB ANTHONY, 115 SIERRA TR JUSTIN, TX 76247					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 4 - R B Q - 5		27 Vehicle Damage Rating 2 6 - R D - 4		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By OWNER		Towed To HOME					

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)Case  
ID 210011068TxDOT  
Crash ID 18142877.1/2021093866

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	79	1	LOCAL HOSPITAL	SELF		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type	
	Carrier's Corp. Name	Carrier's Primary Addr.									
	31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No		32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type		
	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No			

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Unit #	Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)										Field Diagram - Not to Scale									

INVESTIGATOR	Time Notified (24HR:MM)				How Notified				Time Arrived (24HRMM)				Report Date (MM/DD/YYYY)			
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				DISPATCH				0	6	4	0	03/01/2021		
	ORI Num.	T	X	2	2	0	1	2	0	0	*Agency FORT WORTH POLICE DEPARTMENT				ID Num.	3380-3421
											Service/ Region/DA	2	0	0	0	0

Copy from Custodial File

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE
Total  
Num. Units 1 4 8Total  
Num. Prsns. 1 3 6TxDOT  
Crash ID 1B142877.1  
/2021093866

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457  
Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

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*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 : 00		Case ID 210011068		Local Use		
*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) 097.32277		
ROAD ON WHICH CRASH OCCURRED								
*1 Rdwy. TL Sys.		*Hwy. 35 Num.		2 Rdwy. 1 Part		Block 2600 Num.		
3 Street Prefix		* Street Name		4 Street Suffix				
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/ Toll Lane		Speed Limit		
Const. Zone		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Workers Present		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Street Desc.								
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER								
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. LR Sys.		Hwy. Num.		2 Rdwy. 1 Part		
Block 2500 Num.		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST		
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker		
Street Desc. HWY		RRX Num.						
Unit Num. 81		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		
LP State CO		LP Num. VQ0208		VIN J N 8 A Z 1 M W 6 D W 3 0 4 7 4 6				
Veh. Year 2013		6 Veh. Color SIL		Veh. Make NISSAN		Veh. Model MURANO		
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)						
8 DL/ID Type 1		DL/ID State CO		DL/ID Num. 022810789		9 DL Class 98		
10 CDL End. 98		11 DL Rest. 98		DOB (MM/DD/YYYY) 02 / 20 / 1980				
Address (Street, City, State, ZIP) 613 WINTER DR EVERMAN, TX 76140								
Person Num.		12 Psn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line		
14 Injury Severity		Age		15 Ethnicity		16 Sex		
17 Eject.		18 Restr.		19 Airbag		20 Helmet		
21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.		
24 Drug Result		25 Drug Category						
1		1		1		DAVIS, JAHNATHAN		
B		40		B		1		
1		1		1		1		
5		97		N		96		
						96		
						97		
						97		
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.								
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address HIRZEL, DOMINIQUE R, 861 VICTOR ST AURORA, CO 80016						
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name UNKNOWN		
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		7 - B L - 7		27 Vehicle Damage Rating 2		
1 2 - F D - 6		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Towed By MILNER TOWING		Towed To MILNER TOWING						
Unit Num. 82		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		
LP State TX		LP Num. BJR0358		VIN 5 F N R L 5 H 6 4 B B 0 6 4 0 1 7				
Veh. Year 2011		6 Veh. Color GRAY		Veh. Make HONDA		Veh. Model ODYSSEY		
7 Body Style VN		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)						
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 09947467		9 DL Class C		
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 05 / 17 / 1979				
Address (Street, City, State, ZIP) 9709 FURMAN CT FORT WORTH, TX 76244								
Person Num.		12 Psn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line		
14 Injury Severity		Age		15 Ethnicity		16 Sex		
17 Eject.		18 Restr.		19 Airbag		20 Helmet		
21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.		
24 Drug Result		25 Drug Category						
1		1		1		BERGMAN, GRETCHEN		
B		41		W		2		
1		1		1		1		
5		97		N		96		
						96		
						97		
						97		
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.								
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address BERGMAN, GRETCHEN, 9709 FURMAN CT FORT WORTH, TX 76244						
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name USAA		
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		6 - R D - 7		27 Vehicle Damage Rating 2		
1 2 - F D - 7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Towed By MILNER TOWING		Towed To MILNER TOWING						



Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)Case  
ID 210011068TxDOT  
Crash ID 18142877.1/2021093866

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	81	1	LOCAL HOSPITAL	FAMILY		
	82	1	PERSONAL DR	SELF		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name	Carrier's Primary Addr.			30 Veh. Type			
31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Unit #	Contributing	May Have Contrib.		38 Weather Cond.	39- Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	

INVESTIGATOR NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)				Field Diagram - Not to Scale			

Time Notified (24HR:MM)	How Notified	Time Arrived (24HRMM)	Report Date (MM/DD/YYYY)
0 6 2 0	DISPATCH	0 6 4 0	03 / 01 / 2021

Invest. Comp.	Investigator Name (Printed)	ID Num.	Service/ Region/DA
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HARPER, G., MARTIN, K	3380-3421	2 0 0 0 0 0

ORI Num.	*Agency
T X 2 2 0 1 2 0 0	FORT WORTH POLICE DEPARTMENT

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Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. Units	1	4	8
Total Num. Persons	1	3	6

TxDOT Crash ID	18142877.1
	/2021093866



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

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*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 : 00		Case ID 210011068		Local Use		
*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit
In your opinion, did this crash result in at least \$1,000 damage to any one person's property?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) 097.32277		
<b>ROAD ON WHICH CRASH OCCURRED</b>								
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600		
3 Street Prefix		* Street Name		4 Street Suffix				
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.						
<b>INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER</b>								
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST		
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker		
Street Desc. HWY		RRX Num.						
Unit Num. 83		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		
LP Num. 2XD627		VIN 3ALXFB004GDH7607		Veh. Year 2016		6 Veh. Color RED		
Veh. Make FREIGHTLINER		Veh. Model UNKNOWN		7 Body Style TT		<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)		
8 DL/ID Type 1		DL/ID State OK		DL/ID Num. M082165731		9 DL Class 98		
10 CDL End. 98		11 DL Rest. 98		DOB (MM/DD/YYYY) 12 / 20 / 1958				
Address (Street, City, State, ZIP) PO BOX 984 TUTTLE, OK 73089								
Person Num. 1		12 Prsn. Type 1		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line		
14 Injury Severity N		Age 62		15 Ethnicity W		16 Sex 1		
17 Eject. 1		18 Restr. 1		19 Airbag 1		20 Helmet 97		
21 Sol. N		22 Alc. Spec. 96		23 Alc. Result		24 Drug Spec. 96		
25 Drug Result 97		25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.				
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address WHB TRANSPORTATION L, PB BOX 725 TUTTLE, OK 73089						
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ACE AMERICA		
Fin. Resp. Num. ISAH25311668		27 Vehicle Damage Rating 1 7 - L F Q - 4		27 Vehicle Damage Rating 2		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Towed By DRIVEN BY DRIVER		Towed To HOME						
Unit Num. 84		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State OK		
LP Num. 1265LJ		VIN 1GRAA9624CB707454		Veh. Year 2012		6 Veh. Color RED		
Veh. Make GREAT DANE TRAILERS		Veh. Model NOT APPLICABLE		7 Body Style TL		<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)		
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class		
10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)				
Address (Street, City, State, ZIP)								
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line		
14 Injury Severity		Age		15 Ethnicity		16 Sex		
17 Eject.		18 Restr.		19 Airbag		20 Helmet		
21 Sol.		22 Alc. Spec.		23 Alc. Result		24 Drug Spec.		
25 Drug Result		25 Drug Category		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.				
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address WHB TRANSPORTATION L, PO BOX 725 TUTTLE, OK 73089						
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ACE AMERICA		
Fin. Resp. Num. ISAH25311668		27 Vehicle Damage Rating 1 6 - B L - 2		27 Vehicle Damage Rating 2		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Towed By DRIVEN		Towed To DRIVER						

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Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)Case  
ID 210011068TxDOT  
Crash ID 18142877.1/2021093866

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

CMV	Unit Num.	10,001+ LBS.	TRANSPORTING HAZARDOUS MATERIAL	9+ CAPACITY	CMV Disabling Damage?	Yes No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type	
	83	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	No	1	1	01361989	8
	Carrier's Corp. Name WHB TRANSPORTATION										
	Carrier's Primary Addr. PO BOX 984 TUTTLE, OK 73089										

CMV	31 Bus Type	RGVW	GVWR	5	0	0	0	0	HazMat Released	Yes	No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type		
	0	<input type="checkbox"/>	<input checked="" type="checkbox"/>														3	
	Unit Num.	84	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6	8	0	0	0	34 Trlr. Type	2	CMV Disabling Damage?	Yes	No	Unit Num.		34 Trlr. Type	

FACTORS & CONDITIONS	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	Yes	No	Actual Gross Weight	Total Num. Axles	
		98									
	36 Contributing Factors (Investigator's Opinion)										
	37 Vehicle Defects (Investigator's Opinion)										

36 Contributing Factors (Investigator's Opinion)						37 Vehicle Defects (Investigator's Opinion)						Environmental and Roadway Conditions							
Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control							

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)	Field Diagram - Not to Scale

INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HRMM)	0	6	4	0	Report Date (MM/DD/YYYY)	03	01	2021		
	Invest. Comp.	<input checked="" type="checkbox"/>	Yes				Investigator Name (Printed)	HARPER, G., MARTIN, K	ID Num.	3380-3421								
	ORI Num.	T	X	2	2	0	1	2	0	0	*Agency	FORT WORTH POLICE DEPARTMENT	Service/ Region/DA	2	0	0	0	0

Copy from Custodial File

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. Units	1	4	8
Total Num. Prsns.	1	3	6
TxDOT Crash ID	18142877.1 / 2021093866		

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

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*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 00		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
<input type="checkbox"/> Outside City Limit							
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Latitude (decimal degrees) 32.79513 Longitude (decimal degrees) 097.32277							
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		* Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot <input checked="" type="checkbox"/> Toll Road/Toll Lane							
Speed Limit Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Street Desc.							
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 85 5 Unit Desc. 1 <input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run LP State TX LP Num. KWK0164 VIN K L 7 C J K S B 6 J B 5 5 9 5 6 1							
Veh. Year 2018		6. Veh. Color WHI		Veh. Make CHEVROLET		Veh. Model TRAX	
7 Body Style SV		<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99	
10 CDL End. 99		11 DL Rest. 99		DOB (MM/DD/YYYY) / /			
Address (Street, City, State, ZIP)							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Prsn. Type 99		13 Seat Position 99		14 Injury Severity 99	
Age 99		15 Ethnicity 99		16 Sex 99		17 Eject. 1	
18 Restr. 99		19 Airbag 5		20 Helmet 97		21 Sol. N	
22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address GARCIA, DAVID LEE, 10209 FOSSIL VALLEY DR FORT WORTH, TX 76131							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name GEICO	
Fin. Resp. Num. 4374768887		27 Vehicle Damage Rating 1 6 - R D - 7		27 Vehicle Damage Rating 2 1 2 - F D - 7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By MILNER TOWING Towed To MILNER TOWING							
Unit Num. 86 5 Unit Desc. 1 <input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run LP State TX LP Num. NVV4256 VIN S N 1 A T 2 M N 5 G C B 4 9 8 4 8							
Veh. Year 2016		6. Veh. Color SIL		Veh. Make NISSAN		Veh. Model MURANO	
7 Body Style SV		<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 45956159		9 DL Class C	
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 06 / 11 / 1999			
Address (Street, City, State, ZIP) 3820 VILLA FLORIA DR #2101 FORT WORTH, TX 76137							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		14 Injury Severity B	
Age 27		15 Ethnicity B		16 Sex 1		17 Eject. 1	
18 Restr. 1		19 Airbag 5		20 Helmet 97		21 Sol. N	
22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address OLOFINKUA, OLUWAKEMI B, 3820 VILLA FLORIA DR #2101 FORT WORTH, TX 76137							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name GEICO	
Fin. Resp. Num. 4542141652		27 Vehicle Damage Rating 1 6 - R D - 7		27 Vehicle Damage Rating 2 7 - B L - 7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By MILNER TOWING Towed To MILNER TOWING							

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case  
210011068

TxDOT  
Crash ID 18142877.1/2021093866

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Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE
Total  
Num. Units 1 4 8Total  
Num. Trans. 1 3 6TxDOT  
Crash ID 18142877.1  
/2021093866

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Page 87 of 88

*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 : 00		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513			
				Longitude (decimal degrees) 097.032277			
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
				3 Street Prefix		* Street Name	
4 Street Suffix							
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/ Toll Lane		Speed Limit	
Const. Zone		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Desc.							
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
				Block Num. 2500		3 Street Prefix NE	
4 Street Suffix ST							
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY				RRX Num.			
Unit Num. 87		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
				LP Num. HPY0073		VIN 3 G C P C R E C 6 G G 1 3 7 5 3 0	
Veh. Year 2016		6 Veh. Color SIL		Veh. Make CHEVROLET		Veh. Model C1500	
7 Body Style PK						<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)	
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 08841516		9 DL Class A	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 02 / 11 / 1962			
Address (Street, City, State, ZIP) 5013 MARBLE FALLS RD FORT WORTH, TX 76103							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity B		Age 58		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address WARD TIMBER LTD, 1154 HWY 155W LINDEN, TX 75563					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 0 - L B Q - 7		27 Vehicle Damage Rating 2		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By EDDS TOWING		Towed To EDDS TOWING					
Unit Num. 88		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
				LP Num. MLH1465		VIN 4 T 1 B 2 1 H K 8 K U 5 1 3 6 0 2	
Veh. Year 2019		6 Veh. Color BLK		Veh. Make TOYOTA		Veh. Model CAMRY	
7 Body Style P4						<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)	
8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99	
10 CDL End. 99		11 DL Rest. 99		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP) UNKNOWN UNKNOWN, UN UNK							
Person Num. 1		12 Prsn. Type 99		13 Seat Position 99		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity 99		Age 99		15 Ethnicity 99		16 Sex 99	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address LEASE PLAN USA, INC. 1165 SANCTUARY PKWY #1 ALPHARETTA, GA 30009					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name SENTRY	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 3 - R P - 7		27 Vehicle Damage Rating 2 9 - L F Q - 7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By BEARDS TOWING		Towed To BEARDS TOWING					

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)Case  
ID 210011068TxDOT  
Crash ID 18142877.1/2021093866

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	87	1	PERSONAL DR	SELF		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
	Carrier's Corp. Name			Carrier's Primary Addr.			30 Veh. Type		
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?

FACTORS & CONDITIONS	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal- Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles

36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control

INVESTIGATOR NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)				Field Diagram - Not to Scale			

INVESTIGATOR	Time Notified (24HR:MM)				How Notified				Time Arrived (24HRMM)				Report Date (MM/DD/YYYY)				
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				DISPATCH								03/01/2021			
	Investigator Name (Printed)		HARPER, G., MARTIN, K						ID Num.		3380-3421						
	ORI Num.		T X 2 2 0 1 2 0 0						*Agency		FORT WORTH POLICE DEPARTMENT						

Service/ Region/DA	2	0	0	0	0	0

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Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total  
Num. Units 1 4 8

 Total  
Num. Prsns. 1 3 6

 TxDOT  
Crash ID 18142877.1  
/2021093866

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

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*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 : 00		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude — (decimal degrees) 097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1. Rdwy. TL Sys.		*Hwy. 35 Num.		2 Rdwy. 1 Part		Block 2600 Num.	
3 Street Prefix		* Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/ Toll Lane		Speed Limit	
Const. Zone		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Workers Present		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Desc.							
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. LR Sys.		Hwy. Num.		2 Rdwy. 1 Part	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 89		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run	
LP State TX		LP Num. LYT4887		VIN 2 T 2 Z Z M C A 2 J C 0 9 7 1 B 1			
Veh. Year 2018		6. Veh. Color BLU		Veh. Make LEXUS		Veh. Model RX 350	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		OL/ID State TX		DL/ID Num. 13360969		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 12 / 22 / 1985			
Address (Street, City, State, ZIP) 2148 BIGGS ST FORT WORTH, TX 76177							
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity		Age		15 Ethnicity		16 Sex	
17 Eject.		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.	
24 Drug Result		25 Drug Category					
1		1		1		FILBERT, ASTYN MARIE	
B		35		W		2	
1		1		5		97	
N		96				96	
97		97		97		97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address FILBERT, ASTYN MARIE, 2148 BIGGS ST FORT WORTH, TX 76177					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name GEICO	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		4 - R D - 7		27 Vehicle Damage Rating 2	
9 - L D - 7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Towed By MILNER TOWING		Towed To MILNER TOWING					
Unit Num. 90		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run	
LP State TX		LP Num. FMS2046		VIN 1 F T 7 W 2 B T 5 F E C 7 9 1 2 0			
Veh. Year 2015		6. Veh. Color BRO		Veh. Make FORD		Veh. Model F250	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 25099803		9 DL Class C	
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 04 / 17 / 1991			
Address (Street, City, State, ZIP) 2529 FOREST PARK BL FORT WORTH, TX 76110							
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity		Age		15 Ethnicity		16 Sex	
17 Eject.		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.	
24 Drug Result		25 Drug Category					
1		1		1		YATES, BARRETT CODY	
B		29		W		1	
1		1		5		97	
N		96				96	
97		97		97		97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address YATES, MELISSA 10 BRITTANY LN ODESSA, TX 79761					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ALLSTATE	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		9 - L P - 7		27 Vehicle Damage Rating 2	
1 2 - F D - 5		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Towed By ABC WRECKER		Towed To ABC WRECKER					

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Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)Case  
ID 210011068TxDOT  
Crash ID 18142877.1/2021093866

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	89	1	LOCAL DR	SELF		
	90	1	PERSONAL DR	SELF		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type	
	Carrier's Corp. Name	Carrier's Primary Addr.									
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat - Released		<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)					Field Diagram - Not to Scale				

INVESTIGATOR	Time Notified (24HR:MM)				How Notified				Time Arrived (24HRMM)				Report Date (MM/DD/YYYY)								
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) HARPER, G., MARTIN, K			DISPATCH								03/01/2021							
	ORI Num.	T	X	2	2	0	1	2	0	0	*Agency FORT WORTH POLICE DEPARTMENT				ID Num.	3380-3421					
													Service/ Region/DA	2			0	0	0	0	0

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Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE
Total  
Num. Units 1 4 8Total  
Num. Prsns. 1 3 6TxDOT  
Crash ID 18142877.1  
/2021093866

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

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*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 00		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32° 7' 9" 51 3		Longitude (decimal degrees) 097° 3' 22" 717	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. TL Sys.		*Hwy. 35 Num.		2 Rdwy. 1 Part		Block 2600 Num.	
3 Street Prefix		* Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/ Toll Lane		Speed Limit	
Const. Zone		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Workers Present		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Desc.							
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. LR Sys.		Hwy. Num.		2 Rdwy. 1 Part	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 91		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run	
LP State AR		LP Num. K810553		VIN 1 F U J H H D R 5 K L K R 9 4 3 5			
Veh. Year 2019		6 Veh. Color GRAY		Veh. Make FREIGHTLINER		Veh. Model CASCADIA 125	
7 Body Style TT		<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State MX		DL/ID Num. NVOL072175		9 DL Class 98	
10 CDL End. 98		11 DL Rest. 98		DOB (MM/DD/YYYY) 04 / 02 / 1989			
Address (Street, City, State, ZIP) 6 DE NOVIEMBRE 212 6000 NL 6000, MX NL6000							
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity		Age		15 Ethnicity		16 Sex	
17 Eject.		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.	
24 Drug Result		25 Drug Category					
1		1		1		ZUIGA-GUEVARA, VICTOR ROGELIO	
2		2		3		PATINO, PEDRO	
						Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.	
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address RICH TRANSPORT LLC, 6011 SCOTT HAMMILTON DR LITTLE ROCK, AR 72209					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name UNITED SPECIALTY INS CO	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 5 - R - B - Q - 3		27 Vehicle Damage Rating 2 - - - - -		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By BEARDS TOWING		Towed To RICH TRANSPORT 4444 IRVING BLVD					
Unit Num. 92		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run	
LP State OK		LP Num. 1880LT		VIN 3 H 3 V 5 3 2 C 9 G T 3 6 1 0 6 4			
Veh. Year 2016		6 Veh. Color WHI		Veh. Make HYUNDAI STEEL INDUSTRIES		Veh. Model NOT APPLICABLE	
7 Body Style TL		<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class	
10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP)							
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity		Age		15 Ethnicity		16 Sex	
17 Eject.		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.	
24 Drug Result		25 Drug Category					
						Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.	
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address RICH TRANSPORT LLC, 6011 SCOTT HAMMILTON DR LITTLE ROCK, AR 72209					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name UNITED SPECIALTY INS	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 1 - L - F - Q - 2		27 Vehicle Damage Rating 2 - - - - -		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By BEARDS TOWING		Towed To RICH TRANSPORT 4444 IRVING BL					



Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)Case  
ID 210011068TxDOT  
Crash ID 18142877.1/2021093866

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	91	1	LOCAL DR	SELF		
	91	2	LOCAL DR	SELF		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	10,001+ LBS.	TRANSPORTING HAZARDOUS MATERIAL	9+ CAPACITY	CMV Disabling Damage?	Yes	No	28 Veh. Oper.	29 Carrier ID Type	30 Veh. Type	31 Bus Type	32 HazMat Class Num.	33 Cargo Body Type	34 Trlr. Type	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	Yes	No	Actual Gross Weight	Total Num. Axles	
	91	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Yes	No	1	1	8	0		3		98					<input checked="" type="checkbox"/>	No		
	Carrier's Corp. Name RICH TRANSPORT LLC																							
	Carrier's Primary Addr. 6011 SCOTT HAMILTON DR LITTLE ROCK, RI 72209																							
	92	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Yes	No	2											<input checked="" type="checkbox"/>	No			

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Unit #	Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)										Field Diagram - Not to Scale									

INVESTIGATOR	Time Notified (24HR:MM)										How Notified										Time Arrived (24HRMM)										Report Date (MM/DD/YYYY)									
	0 6 2 0										DISPATCH										0 6 4 0										03/01/2021									
	<input checked="" type="checkbox"/> Yes										Investigator Name (Printed) HARPER, G., MARTIN, K										ID Num. 3380-3421																			
	<input type="checkbox"/> No																																							
	ORI Num. T X 2 2 0 1 2 0 0										*Agency FORT WORTH POLICE DEPARTMENT										Service/Region/DA 2 0 0 0 0 0																			

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TxDOT	18142877.1
Crash ID	/2021093866



Refer to Attached Code Sheet for Numbered Fields

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*Crash Date (MM/DD/YYYY) 02 / 11 / 2021										*Crash Time (24HRMM) 06:00										Case ID 210011068										Local Use																																																																																																																																																															
*County Name TARRANT																				*City Name FORT WORTH																				<input type="checkbox"/> Outside City Limit																																																																																																																																																					
In your opinion, did this crash result in at least \$1,000 damage to any one person's property?																				<input checked="" type="checkbox"/> Yes										<input type="checkbox"/> No										Latitude (decimal degrees) 32.79513										Longitude (decimal degrees) 097.32277																																																																																																																																											
ROAD ON WHICH CRASH OCCURRED																																																																																																																																																																																													
*1 Rdwy. Sys. TL										*Hwy. Num. 35										2 Rdwy. Part 1										Block Num. 2600										3 Street Prefix										* Street Name										4 Street Suffix																																																																																																																																	
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot																				<input checked="" type="checkbox"/> Toll Road/ Toll Lane										Speed Limit										Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										Street Desc.																																																																																																																																	
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																																																																																																																																																													
At-Int <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										1 Rdwy. Sys. LR										Hwy. Num.										2 Rdwy. Part 1										Block Num. 2500										3 Street Prefix NE										Street Name 28TH										4 Street Suffix ST																																																																																																																							
Distance from Int. or Ref. Marker 1000																				<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI										3 Dir. from Int. or Ref. Marker S										Reference Marker										Street Desc. HWY										RRX Num.																																																																																																																																	
Unit Num. 93										5 Unit Desc. 1										<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run										LP State TX										LP Num. FKK3682										VIN 4T1BF32K13U548718																																																																																																																																											
Veh. Year 2003										6. Veh. Color SIL										Veh. Make TOYOTA										Veh. Model CAMRY										7 Body Style P4										<input type="checkbox"/> Pot., Fire, EMS on Emergency (Explain in Narrative if checked)																																																																																																																																											
8 DL/ID Type 99										DL/ID State UN										OL/ID Num.										9 DL Class 99										10 CDL End. 99										11 DL Rest. 99										DOB (MM/DD/YYYY)																																																																																																																																	
Address (Street, City, State, ZIP) UNKNOWN UNKNOWN, UN UNK																																																																																																																																																																																													
Person Num.										12 Prsn. Type										13 Seat Position										Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line										14 Injury Severity										Age										15 Ethnicity										16 Sex										17 Eject.										18 Restr.										19 Airbag										20 Helmet										21 Sol.										22 Alc. Spec.										Alc. Result										23 Drug Spec.										24 Drug Result										25 Drug Category																			
1										99										99										UNKNOWN, UNKNOWN UNK										99																				99										99										99										1										1										1										97										N										96																				96										97										97									
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																																																																																																																																																													
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee										Owner/Lessee Name & Address RODRIGUEZ, ANGELICA MARIA, 7900 CROUSE DR FORT WORTH, TX 76137																																																																																																																																																																																			
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No										<input type="checkbox"/> Expired <input type="checkbox"/> Exempt										26 Fin. Resp. Type 1										Fin. Resp. Name STATE FARM										Fin. Resp. Num. 441 6655-L17-43 001																																																																																																																																																					
Fin. Resp. Phone Num.										27 Vehicle Damage Rating 1 6 - F D - 7										27 Vehicle Damage Rating 2 1 2 - R D - 7										Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																																																																																																															
Towed By BIVINS TOWING										Towed To BIVINS TOWING																																																																																																																																																																																			
Unit Num. 94										5 Unit Desc. 1										<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run										LP State TX										LP Num. MZN8398										VIN JTJHGKFA4L2012393																																																																																																																																											
Veh. Year 2002										6. Veh. Color BLK										Veh. Make LEXUS										Veh. Model RX SERIES										7 Body Style SV										<input type="checkbox"/> Pot., Fire, EMS on Emergency (Explain in Narrative if checked)																																																																																																																																											
8 DL/ID Type 99										DL/ID State UN										DL/ID Num.										9 DL Class 99										10 CDL End. 99										11 DL Rest. 99										DOB (MM/DD/YYYY)																																																																																																																																	
Address (Street, City, State, ZIP) UNKNOWN UNKNOWN, UN UNK																																																																																																																																																																																													
Person Num.										12 Prsn. Type										13 Seat Position										Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line										14 Injury Severity										Age										15 Ethnicity										16 Sex										17 Eject.										18 Restr.										19 Airbag										20 Helmet										21 Sol.										22 Alc. Spec.										Alc. Result										23 Drug Spec.										24 Drug Result										25 Drug Category																			
1										99										99										UNKNOWN, UNKNOWN UNK										99																				99										99										99										99										5										97										N										96																				96										97										97																			
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																																																																																																																																																													
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee										Owner/Lessee Name & Address OKEREKE, EVANGELYN C, 9809 BROILES LN FORT WORTH, TX 76244																																																																																																																																																																																			
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No										<input type="checkbox"/> Expired <input type="checkbox"/> Exempt										26 Fin. Resp. Type 1										Fin. Resp. Name LIBERTY										Fin. Resp. Num. Y8980652																																																																																																																																																					
Fin. Resp. Phone Num.										27 Vehicle Damage Rating 1 6 - R D - 7										27 Vehicle Damage Rating 2 1 2 - F D - 7										Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																																																																																																															
Towed By TEXAS TOWING										Towed To TEXAS TOWING																																																																																																																																																																																			

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)Case  
ID 210011068TxDOT  
Crash ID 18142877.1/2021093866

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name	Carrier's Primary Addr.			30 Veh. Type			
31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	

INVESTIGATOR NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)				Field Diagram - Not to Scale			

Time Notified (24HR:MM)	How Notified	Time Arrived (24HRMM)	Report Date (MM/DD/YYYY)
0 6 2 0	DISPATCH	0 6 4 0	03/01/2021

Invest. Comp.	Investigator Name (Printed)	ID Num.	Service/ Region/DA
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HARPER, G., MARTIN, K	3380-3421	2 0 0 0 0 0

ORI Num.	*Agency
T X 2 2 0 1 2 0 0	FORT WORTH POLICE DEPARTMENT

Copy from Custodial File

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. Units	1	4	8
Total Num. Prns.	1	3	6

TxDOT Crash ID	18142977.1
	/2021093866

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

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*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 : 00		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
<input type="checkbox"/> Outside City Limit							
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) 097.32277					
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		* Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 95		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. FTX0652		VIN Y V 1 4 0 M F C 4 F 1 3 1 8 8 7 3					
Veh. Year 2015		6 Veh. Color WHI		Veh. Make VOLVO		Veh. Model S60	
7 Body Style P4		<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 16835378		9 DL Class C	
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 06 / 15 / 1978			
Address (Street, City, State, ZIP) 1301 VANDERBILT KELLER, TX 76262							
Person Num. 1		12 Prsn. Type 1		13 Seat Position		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity B		Age 42		15 Ethnicity W	
16 Sex 2		17 Eject 1		18 Restr. 1		19 Airbag 5	
20 Helmet 97		21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address BROCHU, JOANNA GRABBE, 1301 VANDERBILT KELLER, TX 76262					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name STATE FARM	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 5 - R D - 6		27 Vehicle Damage Rating 2 1 2 - F D - 5		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By TEXAS TOWING		Towed To TEXAS TOWING					
Unit Num. 96		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. CA68173		VIN 1 C 6 R D 6 L T X C S 1 9 4 1 B 4					
Veh. Year 2012		6 Veh. Color BLU		Veh. Make DODGE		Veh. Model RAM 1500	
7 Body Style PK		<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 20257776		9 DL Class C	
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 09 / 18 / 1998			
Address (Street, City, State, ZIP) 6801 WOODEN CT MANSFIELD, TX 76063							
Person Num. 1		12 Prsn. Type 1		13 Seat Position		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity B		Age 33		15 Ethnicity W	
16 Sex 1		17 Eject 1		18 Restr. 1		19 Airbag 2	
20 Helmet 97		21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address HARDAWAY, KRIS, 6801 WOODEN CT MANSFIELD, TX 76063					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name STATE FARM	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 7		27 Vehicle Damage Rating 2 3 - R P - 5		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By TEXAS TOWING		Towed To TEXAS TOWING					

TxDOT Crash ID	18142877.1/2021093866
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# Conversion Custodial Fee



TxDOT	18142877.1
Crash ID	/2021093866



Refer to Attached Code Sheet for Numbered Fields

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*Crash Date (MM/DD/YYYY) 02 / 11 / 2021	*Crash Time (24HRMM) 06   00	Case ID 210011068	Local Use
*County Name TARRANT	*City Name FORT WORTH	<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Latitude (decimal degrees) 3   2   *   7   9   5   1   3	Longitude — (decimal degrees) 0   9   7   *   3   2   2   7   7	
ROAD ON WHICH CRASH OCCURRED			
*1 Rdwy. Sys. TL	*Hwy. Num. 35	2 Rdwy. Part 1	Block Num. 2600
3 Street Prefix		* Street Name	
4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot	<input checked="" type="checkbox"/> Toll Road/ Toll Lane	Speed Limit	Const. Zone
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Street Desc.
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER			
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1 Rdwy. Sys. LR	Hwy. Num.	2 Rdwy. Part 1
Block Num. 2500		3 Street Prefix NE	
Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker S
Reference Marker		Street Desc. HWY	
RRX Num.			
Unit Num. 97	5 Unit Desc. 1	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run
LP State TX		LP Num. PBJ9184	
VIN 1 C 4 B J W D G 6 G L 1 3 7 7 5 B			
Veh. Year 2016	6 Veh. Color BLK	Veh. Make JEEP	Veh. Model WRANGLER
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)	
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 34665433	9 DL Class B
10 CDL End. p		11 DL Rest. M, E-	
DOB (MM/DD/YYYY) 06 / 23 / 1995			
Address (Street, City, State, ZIP) 3829 ALDERSYDE DR FORT WORTH, TX 76244			
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line			
Person Num. 1	12 Prsn. Type 1	13 Seat Position 1	BURRIS, STEVEN KELLY
14 Injury Severity N	Age 25	15 Ethnicity W	16 Sex 1
17 Eject. 1	18 Restr. 1	19 Airbag 1	20 Helmet 97
21 Sol. N	22 Alc. Spec. 96	Alc. Result	23 Drug Spec. 96
24 Drug Result 97	25 Drug Category 97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.	
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee			
Owner/Lessee Name & Address BURRIS, STEVEN KELLY, 3829 ALDERSYDE DR FORT WORTH, TX 76244			
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Expired Exempt <input type="checkbox"/>	26 Fin. Resp. Type 1	Fin. Resp. Name PROGRESSIVE
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1	27 Vehicle Damage Rating 2
Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Towed By DRIVEN BY OWNER	Towed To HOME		
Unit Num. 98	5 Unit Desc. 1	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run
LP State TX		LP Num. KNZ2341	
VIN 5 T E T U 4 G N 8 A Z 6 9 0 3 3 4			
Veh. Year 2010	6 Veh. Color BLU	Veh. Make TOYOTA	Veh. Model TACOMA
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)	
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 11309323	9 DL Class C
10 CDL End. 96		11 DL Rest. 96	
DOB (MM/DD/YYYY) 07 / 30 / 1986			
Address (Street, City, State, ZIP) 2541 DAHLIA DR FORT WORTH, TX 76123			
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line			
Person Num. 1	12 Prsn. Type 1	13 Seat Position 1	GARDNER, HEATHER AMANDA
14 Injury Severity B	Age 34	15 Ethnicity W	16 Sex 2
17 Eject. 1	18 Restr. 1	19 Airbag 1	20 Helmet 97
21 Sol. N	22 Alc. Spec. 96	Alc. Result	23 Drug Spec. 96
24 Drug Result 97	25 Drug Category 97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.	
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee			
Owner/Lessee Name & Address BARTHA, CLARA ANNE, 2541 DAHLIA DR FORT WORTH, TX 76123			
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Expired Exempt <input type="checkbox"/>	26 Fin. Resp. Type 1	Fin. Resp. Name STATE FARM
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 6 R D 4	27 Vehicle Damage Rating 2 1 2 F D 4
Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Towed By LONESTAR TOWING	Towed To LONESTAR TOWING		

Copy from Custodial File

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total  
Num. Units 1 4 8

 Total  
Num. Persns. 1 3 6

 TxDOT  
Crash ID 18142877.1  
/2021093866


## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Page 99 of 99

*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 : 00		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) 097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. TL Sys.		*Hwy. 35 Num.		2 Rdwy. 1 Part		Block 2600 Num.	
3 Street Prefix		* Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. LR Sys.		Hwy. Num.		2 Rdwy. 1 Part	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 99		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. 1M94928		VIN 2XKHJAJ7X8MM460562					
Veh. Year 2020		6. Veh. Color RED		Veh. Make KENWORTH		Veh. Model UNKNOWN	
7 Body Style TT		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 38232930		9 DL Class A	
10 CDL End. T,N,H		11 DL Rest. P27		DOB (MM/DD/YYYY) 02 / 23 / 1996			
Address (Street, City, State, ZIP) 3936 LONGMEADOW WAY FORT WORTH, TX 76133							
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity		Age		15 Ethnicity		16 Sex	
17 Eject.		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.	
24 Drug Result		25 Drug Category					
1		1		1		RUVALCABA, CARLOS	
N		24		H		1	
1		1		1		1	
1		97		N		96	
96		97		97		97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address COCA COLA, BEVERAGES LLC, 3400 FOSSIL CREEK BLVD FORT WORTH, TX 76137					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name BEECHER CARLSON INS	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		27 Vehicle Damage Rating 2		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By DRIVEN BY DRIVER		Towed To COMPANY LOT					
Unit Num. 100		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. 202452		VIN 2MNO1JAL161008616					
Veh. Year 2006		6. Veh. Color RED		Veh. Make TRAILMOBILE		Veh. Model NOT APPLICABLE	
7 Body Style TL		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class	
10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP)							
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity		Age		15 Ethnicity		16 Sex	
17 Eject.		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.	
24 Drug Result		25 Drug Category					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address COCA COLA, BEVERAGES LLC, 3400 FOSSIL CREEK BLVD FORT WORTH, TX 76137					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name BEECHER CARLSON	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		27 Vehicle Damage Rating 2		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By DRIVEN AWAY		Towed To COMPANY LOT					

Copy from Custodial File

Case  
ID 210011068

TxDOT Crash ID	18142877.1/2021093866
-------------------	-----------------------

CONFIDENTIAL

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE
Total  
Num. Units 1 4 8Total  
Num. Prsns. 1 3 6TxDOT  
Crash ID 18142877.1  
/2021093866

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Page 3 of 3

*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 00		Case ID 210011068		Local Use																																																							
*County Name TARRANT				*City Name FORT WORTH																																																									
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) 097.32277																																																							
ROAD ON WHICH CRASH OCCURRED																																																													
*1 Rdwy. TL Sys.		*Hwy. 35 Num.		2 Rdwy. 1 Part		Block Num. 2600																																																							
3 Street Prefix		* Street Name		4 Street Suffix																																																									
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/ Toll Lane		Speed Limit																																																							
Const. Zone		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																							
Street Desc.																																																													
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																													
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. LR Sys.		Hwy. Num.		2 Rdwy. 1 Part																																																							
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																																																							
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker																																																							
Street Desc. HWY		RRX Num.																																																											
Unit Num. 101		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run																																																							
LP State TX		LP Num. NNZ5465		VIN 1 F M S K 7 D H 1 L G A 1 4 1 6 7																																																									
Veh. Year 2020		6. Veh. Color GRN		Veh. Make FORD		7 Body Style SV																																																							
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 38045225		9 DL Class C																																																							
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 02 / 28 / 1982																																																									
Address (Street, City, State, ZIP) 10324 BURTRUM DR FORT WORTH, TX 76177																																																													
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Prsn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>CHILDRESS, ANGELA M</td> <td>B</td> <td>38</td> <td>W</td> <td>2</td> <td>1</td> <td>1</td> <td>5</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>								Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	CHILDRESS, ANGELA M	B	38	W	2	1	1	5	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																												
1	1	1	CHILDRESS, ANGELA M	B	38	W	2	1	1	5	97	N	96		96	97	97																																												
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																													
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address CHILDRESS, ANGELA M, 10324 BURTRUM DR FORT WORTH, TX 76177																																																													
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name LIBERTY COUNTY																																																							
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 6		27 Vehicle Damage Rating 2 6 - R D - 5		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																							
Towed By BIVINS				Towed To BIVINS TOWING																																																									
Unit Num. 102		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run																																																							
LP State TX		LP Num. GXC1444		VIN 4 S 4 B S B L C 9 G 3 2 8 5 4 5 2																																																									
Veh. Year 2016		6. Veh. Color WHI		Veh. Make SUBARU		7 Body Style P4																																																							
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 14454122		9 DL Class C																																																							
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 07 / 07 / 1980																																																									
Address (Street, City, State, ZIP) 4813 STETSON DR S FORT WORTH, TX 76244																																																													
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Prsn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>DOYLE, SARAH KATHERINE</td> <td>C</td> <td>40</td> <td>W</td> <td>2</td> <td>1</td> <td>1</td> <td>5</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>								Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	DOYLE, SARAH KATHERINE	C	40	W	2	1	1	5	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																												
1	1	1	DOYLE, SARAH KATHERINE	C	40	W	2	1	1	5	97	N	96		96	97	97																																												
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																													
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address DOYLE, WILLIAM 4813 STETSON DR S FORT WORTH, TX 76244																																																													
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name USAA																																																							
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 3 - R P - 7		27 Vehicle Damage Rating 2 6 - B R - 7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																							
Towed By TEXAS TOWING				Towed To TEXAS TOWING																																																									



TxDOT	
CrashID	18142877.1/2021093866

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To		Taken By		Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)							
	101	1	LOCAL HOSP		SELF											
	102	1	LOCAL HOSP		MEDSTAR 65											
CHARGES	Unit Num.	Prsn. Num.	Charge						Citation/Reference Num.							
DAMAGE	Damaged Property Other Than Vehicles				Owner's Name				Owner's Address							
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.							
	Carrier's Corp. Name			Carrier's Primary Addr.						30 Veh. Type						
	31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.		32 HazMat Class Num.	HazMat ID Num.		33 Cargo Body Type						
	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight		Total Num. Axles						
FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing		May Have Contrib.	Contributing		May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary).								Field Diagram - Not to Scale							
INVESTIGATOR	Time Notified (24HR:MM)		0 6 2 0		How Notified		DISPATCH		Time Arrived (24HRMM)		0 6 4 0		Report Date (MM/DD/YYYY) 03/01/2021			
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) HARPER, G., MARTIN, K						ID Num. 3380-3421							
	ORI Num.	T X 2 2 0 1 2 0 0	*Agency FORT WORTH POLICE DEPARTMENT						Service/Region/DA 2 0 0 0 0 0							

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE
Total  
Num. Units 1 4 8Total  
Num. Prsns. 1 3 6TxDOT  
Crash ID 18142877.1  
/2021093866

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Page 321 of 321

*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 00		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) 097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. TL Sys.		*Hwy. 35 Num.		2 Rdwy. 1 Part		Block 2600 Num.	
3 Street Prefix		* Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/ Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. LR Sys.		Hwy. Num.		2 Rdwy. 1 Part	
Block 2500 Num.		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 103		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run	
LP State TX		LP Num. NFX6985		VIN 1C4HJXFN1JW195858			
Veh. Year 2018		6. Veh. Color RED		Veh. Make JEEP		7 Body Style SV	
<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)							
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 20332156		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 04 / 05 / 1986			
Address (Street, City, State, ZIP) 721 SALIDA RD HASLET, TX 76052							
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity		Age		15 Ethnicity		16 Sex	
17 Eject.		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.	
24 Drug Result		25 Drug Category					
1		1		1		REYNOLDS, MEGAN RENEE	
B		34		W		2	
1		1		1		1	
97		N		96		96	
97		97		97		97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address REYNOLDS, MEGAN RENEE, 721 SALIDA RD HASLET, TX 76052					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name HOME STATE COUNTY MUTUAL	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 1 - F L - 7		27 Vehicle Damage Rating 2 - - - - -		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By MILNER		Towed To MILNER TOWING					
Unit Num. 104		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run	
LP State TX		LP Num. KTW9354		VIN 19XFC2E54JE013733			
Veh. Year 2018		6. Veh. Color BLU		Veh. Make HONDA		7 Body Style P4	
<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)							
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 42553001		9 DL Class C	
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 12 / 14 / 1996			
Address (Street, City, State, ZIP) 12108 MALONE RD NEWARD, TX 76071							
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity		Age		15 Ethnicity		16 Sex	
17 Eject.		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.	
24 Drug Result		25 Drug Category					
1		1		1		SOSA, JONESSA VALEEN	
B		24		A		2	
1		1		5		97	
N		96		96		97	
97		97		97		97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address MEDO, FRANKIE, 12108 MALONE RD NEWARD, TX 76071					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name USAA	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 7		27 Vehicle Damage Rating 2 3 - R B Q - 5		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By TEXAS TOWING		Towed To TEXAS TOWING					

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)Case  
ID 210011068TxDOT  
Crash ID 18142877.1/2021093866

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	103	1	LOCAL HOSP	SELF		
	104	1	LOCAL HOSP	SELF		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type	
	Carrier's Corp. Name		Carrier's Primary Addr.								
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type		
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

FACTORS & CONDITIONS	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles

36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
Unit #	Contributing	May Have Contrib.		Unit #	Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)				Field Diagram - Not to Scale			

INVESTIGATOR	Time Notified (24HR:MM)				How Notified				Time Arrived (24HRMM)				Report Date (MM/DD/YYYY)						
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				DISPATCH								03/01/2021					
	Investigator Name (Printed) HARPER, G., MARTIN, K												ID Num. 3380-3421						
	ORI Num. T X 2 2 0 1 2 0 0												*Agency FORT WORTH POLICE DEPARTMENT				Service/ Region/DA 2 0 0 0 0 0		

Copy from Custodial File

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total  
Num. Units 1 4 8

 Total  
Num. Prsns. 1 3 6

 TxDOT  
Crash ID 18142877.1  
/2021093866

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Page ## of ##

*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 0 : 6 : 00		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32° 7' 9" 51 3		Longitude (decimal degrees) 097° 3' 22" 77	
<b>ROAD ON WHICH CRASH OCCURRED</b>							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		* Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> No		Street Desc.					
<b>INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER</b>							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 105		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State IN	
LP Num. 3041184		VIN 3 A K J G L D R 9 H S H P 1 3 3 5					
Veh. Year 2017		6. Veh. Color GRN		Veh. Make FREIGHTLINER		Veh. Model UNKNOWN	
7 Body Style TT		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 2		DL/ID State OK		DL/ID Num. G084200821		9 DL Class 98	
10 CDL End. 98		11 DL Rest. 98		DOB (MM/DD/YYYY) 04 / 23 / 1970			
Address (Street, City, State, ZIP) 102 CONISER AVE #1 POTEAU, OK 74953							
Person Num. 1		12 Psn. Type 1		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity N		Age 50		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 1		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address HOWARD, JOHN MICHAEL, 102 CONISER AVE #1 POTEAU, OK 74953					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name OLD REPUBLIC INS	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - - F D - 2		27 Vehicle Damage Rating 2 - - - - -		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By BEARDS TOWING		Towed To 4400 E LOOP 820 S					
Unit Num. 106		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TN	
LP Num. U853377		VIN 1 G R D M 0 3 2 6 K H 1 3 5 4 9 5					
Veh. Year 2019		6. Veh. Color BLK		Veh. Make GREAT DANE TRAILERS		Veh. Model NOT APPLICABLE	
7 Body Style TL		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class	
10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP)							
Person Num.		12 Psn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity		Age		15 Ethnicity		16 Sex	
17 Eject.		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.	
24 Drug Result		25 Drug Category		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address HOWARD, JOHN, 102 CONISER AVE #1 POTEAU, OK 74953					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name OLD REPUBLIC INS	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 - - - - -		27 Vehicle Damage Rating 2 - - - - -		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By BEARDS TOWING		Towed To BEARDS TOWING					

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)						
CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.								
DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address									
CMV	Unit Num. 105	<input checked="" type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper. 1	29 Carrier ID Type 1	Carrier ID Num. 00154712				
	Carrier's Corp. Name MERCER TRANSPORTATION		Carrier's Primary Addr. 1128 W MAIN ST LOUISVILLE, KY 40232						30 Veh. Type 8			
	31 Bus Type 0	<input type="checkbox"/> RGWV <input checked="" type="checkbox"/> GVWR	5   2   0   0   0	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type 5			
	Unit Num. 106	<input type="checkbox"/> RGWV <input checked="" type="checkbox"/> GVWR	6   9   0   0   0	34 Trlr. Type 2	CMV Disabling Damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Sequence Of Events	35 Seq. 1 98	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Actual Gross Weight	Total Num. Axles				
	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)		Environmental and Roadway Conditions					
	Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
FACTORS & CONDITIONS	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)					Field Diagram - Not to Scale						
NARRATIVE AND DIAGRAM												
INVESTIGATOR	Time Notified (24HR:MM) 0 6 2 0	How Notified DISPATCH	Time Arrived (24HRMM) 0 6 4 0	Report Date (MM/DD/YYYY) 03/01/2021								
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) HARPER, G., MARTIN, K	ID Num. 3380-3421									
	ORI Num. ITIX1212101121010	*Agency FORT WORTH POLICE DEPARTMENT	Service/Region/DA 2 0 0 0 0 0									



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE
Total  
Num. Units 1 4 8Total  
Num. Prsns. 1 3 6TxDOT  
Crash ID 18142877.1  
/2021093866

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Page ## of ##

*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 : 00		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
<input type="checkbox"/> In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) 097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. TL Sys.		*Hwy. 35 Num.		2 Rdwy. 1 Part		Block 2600 Num.	
3 Street Prefix		* Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/ Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Street Desc.	
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. LR Sys.		Hwy. Num.		2 Rdwy. 1 Part	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 107		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. JWN8147		VIN 1C4RJEA3H3916372					
Veh. Year 2017		6 Veh. Color GRAY		Veh. Make JEEP		Veh. Model GRAND CHEROKEE	
7 Body Style SV		<input type="checkbox"/> Pol, Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/D Type 1		DL/D State TX		DL/D Num. 36581094		9 DL Class C	
10 COL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 07 / 02 / 1990			
Address (Street, City, State, ZIP) 3901 RINGDOVE WAY ROANOKE, TX 76266							
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity		Age		15 Ethnicity		16 Sex	
17 Eject.		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.	
24 Drug Result		25 Drug Category					
1		1		1		ESCAMILLA, HALEE ELIZABETH	
B		30		H		2	
1		1		5		97	
N		96				96	
97		97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address ESCAMILLA, ERNESTO, 3901 RINGDOVE WAY ROANOKE, TX 76266					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 7		27 Vehicle Damage Rating 2 6 - R D - 7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By DENNYS TOWING		Towed To DENNYS TOWING					
Unit Num. 108		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. JSV6956		VIN 1GT12UEY8H168496					
Veh. Year 2017		6 Veh. Color BLK		Veh. Make GMC		Veh. Model SIERRA C1500	
7 Body Style PK		<input type="checkbox"/> Pol, Fire, EMS on Emergency (Explain in Narrative if checked)					
9 DL/D Type 1		DL/D State TX		DL/D Num. 2763318		9 DL Class AM	
10 CDL End. P		11 DL Rest. 96		DOB (MM/DD/YYYY) 10 / 12 / 1995			
Address (Street, City, State, ZIP) 616 WHITE FALCON WAY FORT WORTH, TX 76131							
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity		Age		15 Ethnicity		16 Sex	
17 Eject.		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.	
24 Drug Result		25 Drug Category					
1		1		1		BURNETT, ROGER ALAN	
B		64		W		1	
1		1		5		97	
N		96				96	
97		97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address BURNETT, ROGER ALAN, 616 WHITE FALCON WAY FORT WORTH, TX 76131					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ELEPHANT	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 7		27 Vehicle Damage Rating 2 9 - I & T - 6		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By CARDINAL TOWING		Towed To CARDINAL TOWING					

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24-HR:MM)
	107	1		LOCAL HOSP	SELF	
108	1		LOCAL HOSP	SELF		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	Carrier's Corp. Name		Carrier's Primary Addr.							
	31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	
	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	

INVESTIGATOR NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)				Field Diagram - Not to Scale			

INVESTIGATOR	Time Notified (24HR:MM)				How Notified				Time Arrived (24HR:MM)				Report Date (MM/DD/YYYY)			
		0	6	2	0	DISPATCH	0	6	4	0	03/01/2021					
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) HARPER, G., MARTIN, K				ID Num. 3380-3421									
	ORI Num.	T	X	2	2	0	1	2	0	0	*Agency FORT WORTH POLICE DEPARTMENT					
	Service/ Region/DA	2	0	0	0	0	0	0	0							

Copy from Custodial File

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE
Total  
Num. Units 1 4 8Total  
Num. Prns. 1 3 6TxDOT  
Crash ID 18142877.1  
/2021093866

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Page ## of ##

*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 00		Case ID 210011068		Local Use																																																							
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit																																																							
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32° 07' 13"		Longitude (decimal degrees) 097° 03' 27"																																																							
<b>ROAD ON WHICH CRASH OCCURRED</b>																																																													
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600																																																							
3 Street Prefix		* Street Name		4 Street Suffix																																																									
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																							
Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.																																																											
<b>INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER</b>																																																													
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1																																																							
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																																																							
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FI <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker																																																							
Street Desc. HWY		RRX Num.																																																											
Unit Num. 109		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX																																																							
LP Num. NPS9255		VIN K M 8 K 2 2 A A 8 L U 5 4 2 8 8 2																																																											
Veh. Year 2020		6. Veh. Color BLK		Veh. Make HYUNDAI		Veh. Model UNKNOWN																																																							
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																											
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 39825123		9 DL Class C																																																							
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 05 / 10 / 1999																																																									
Address (Street, City, State, ZIP) 1320 NW SUMMERCREST BL BURLESON, TX 76028																																																													
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Prsn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>MAYS, DESTINY COURTNEY</td> <td>A</td> <td>21</td> <td>B</td> <td>2</td> <td>1</td> <td>1</td> <td>5</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>								Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec	24 Drug Result	25 Drug Category	1	1	1	MAYS, DESTINY COURTNEY	A	21	B	2	1	1	5	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec	24 Drug Result	25 Drug Category																																												
1	1	1	MAYS, DESTINY COURTNEY	A	21	B	2	1	1	5	97	N	96		96	97	97																																												
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																													
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address MAYS, DESTINY COURTNEY, 1320 NW SUMMERCREST BL BURLESON, TX 76028																																																											
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ECONOMY FIRE AND CASUALTY INS																																																							
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 7		27 Vehicle Damage Rating 2 6 - R D - 7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																							
Towed By BIVINS TOWING				Towed To BIVINS TOWING																																																									
Unit Num. 110		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX																																																							
LP Num. BJB9869		VIN 1 D 7 R V 1 C P 8 A S 2 5 7 4 1 2																																																											
Veh. Year 2010		6. Veh. Color MAR		Veh. Make DODGE		Veh. Model RAM 1500																																																							
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																											
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 36743475		9 DL Class C																																																							
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 01 / 08 / 1996																																																									
Address (Street, City, State, ZIP) 7751 SUNNYVIEW CT FORT WORTH, TX 76137																																																													
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Prsn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>FLACH, SHAUN WILLIAM</td> <td>B</td> <td>59</td> <td>W</td> <td>1</td> <td>1</td> <td>1</td> <td>5</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>								Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec	24 Drug Result	25 Drug Category	1	1	1	FLACH, SHAUN WILLIAM	B	59	W	1	1	1	5	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec	24 Drug Result	25 Drug Category																																												
1	1	1	FLACH, SHAUN WILLIAM	B	59	W	1	1	1	5	97	N	96		96	97	97																																												
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																													
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address FLACH, SHAUN WILLIAM, 7751 SUNNYVIEW CT FORT WORTH, TX 76137																																																											
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name STATE FARM																																																							
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 7		27 Vehicle Damage Rating 2 6 - R D - 7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																							
Towed By TEXAS TOWING				Towed To TEXAS TOWING																																																									

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24-HR:MM)								
	109	1	JOHN PETER SMITH	MEDSTAR 63										
	110	1	JOHN PETER SMITH	MEDSTAR 63										
CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.										
DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address										
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.						
	Carrier's Corp. Name		Carrier's Primary Addr.					30 Veh. Type						
	31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type						
	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No						
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles						
FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)		Environmental and Roadway Conditions							
	Unit #	Contributing		May Have Contrib.	Contributing		May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened... (Attach Additional Sheets if Necessary)							Field Diagram - Not to Scale						
INVESTIGATOR	Time Notified (24HR:MM)		How Notified		Time Arrived (24HRMM)		Report Date (MM/DD/YYYY)							
	0 6 2 0		DISPATCH		0 6 4 0		03/01/2021							
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) HARPER, G., MARTIN, K						ID Num. 3380-3421						
ORI Num.		T X 2 2 0 1 2 0 0		*Agency FORT WORTH POLICE DEPARTMENT							Service/Region/DA		2 0 0 0 0 0	

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**Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)**

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*=These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Page ## of ##

*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 00		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) 09.173227	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		* Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/ Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 111		5 Unit Desc. 1		<input type="checkbox"/> Paved Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. NFS8526		VIN 3GNKBRA5LS545674					
Veh. Year 2020		6 Veh. Color BLK		Veh. Make CHEVROLET		Veh. Model BLAZER	
7 Body Style SV		<input type="checkbox"/> Pol, Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 06992863		9 DL Class C	
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 11 / 04 / 1961			
Address (Street, City, State, ZIP) 3709 FOSSIL TREE LN FORT WORTH, TX 76244							
Person Num. 1		12 Prsn. Type 1		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity B		Age 59		15 Ethnicity B		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address JAMES, REGINALD VON, 3709 FOSSIL TREE LN FORT WORTH, TX 76244					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name US LLOYDS	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 7		27 Vehicle Damage Rating 2 6 - R D - 7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By TEXAS TOWING		Towed To TEXAS TOWING					
Unit Num. 112		5 Unit Desc. 1		<input type="checkbox"/> Paved Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. MTF6390		VIN JTBEU5JR9K5737125					
Veh. Year 2019		6 Veh. Color WHI		Veh. Make TOYOTA		Veh. Model 4RUNNER/SR5	
7 Body Style SV		<input type="checkbox"/> Pol, Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 15754634		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 04 / 25 / 1984			
Address (Street, City, State, ZIP) 6901 GOLF GREEN DR ARLINGTON, TX 76001							
Person Num. 1		12 Prsn. Type 1		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity B		Age 36		15 Ethnicity W		16 Sex 2	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address WARE, DATELYN CHRISTINE, 6901 GOLF GREEN DR ARLINGTON, TX 76001					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name STATE FARM	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 6 - R D - 7		27 Vehicle Damage Rating 2 3 - R P - 7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By PURRFECT TOWING		Towed To PURRFECT TOWING					



DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)						
	111	1	LOCAL HOSP	SELF								
	112	1	LOCAL HOSP	SELF								
CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.								
DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address								
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.				
	Carrier's Corp. Name		Carrier's Primary Addr.					30 Veh. Type				
	31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type				
	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles				
FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)		Environmental and Roadway Conditions					
	Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)					Field Diagram - Not to Scale						
INVESTIGATOR	Time Notified (24HR:MM)		How Notified		Time Arrived (24HR:MM)		Report Date (MM/DD/YYYY)					
	0 6 2 0		DISPATCH		0 6 4 0		0 3 / 0 1 / 2 0 2 1					
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) HARPER, G., MARTIN, K					ID Num. 3380-3421					
ORI Num.		T X 2 2 0 1 2 0 0		*Agency FORT WORTH POLICE DEPARTMENT						Service/Region/DA 2 0 0 0 0 0		

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Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total  
Num. Units 1 4 8

 Total  
Num. Prsns. 1 3 6

 TxDOT  
Crash ID 18142877.1  
/2021093866

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Page ## of ##

*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 : 00		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) 097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block 2600 Num.	
3 Street Prefix		* Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block 2500 Num.		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 113		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State IN	
LP Num. 2836156		VIN 3AKJHPDV7LSLF0345					
Veh. Year 2020		6. Veh. Color WHI		Veh. Make FREIGHTLINER		Veh. Model UNKNOWN	
7 Body Style TT		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 43416851		9 DL Class A	
10 CDL End. H		11 DL Rest. P27		DOB (MM/DD/YYYY) 10 / 29 / 1963			
Address (Street, City, State, ZIP) 8160 FAWN CIR GRANBURY, TX 76049							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity B		Age 57		15 Ethnicity I		16 Sex 2	
17 Eject. 1		18 Restr. 1		19 Airbag 1		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address JB HUNT, TRANSPORT INC, 615 JB HUNT CORPORATE DR LOWELL, AR 72745							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ACE AMERICAN INS	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 1 - F L - 7		27 Vehicle Damage Rating 2 1 - F R - 7		Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Towed By BEARDS TOWING				Towed To 1150 INTERMODAL PKWY			
Unit Num. 114		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State OK	
LP Num. 5435GN		VIN LJRC54269A1003488					
Veh. Year 2010		6. Veh. Color ONG		Veh. Make CIMC TRAILERS		Veh. Model NOT APPLICABLE	
7 Body Style TL		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class	
10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP)							
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity		Age		15 Ethnicity		16 Sex	
17 Eject.		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.	
24 Drug Result		25 Drug Category		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address JB HUNT, TRANSPORT INC, 615 JB HUNT CORP DR LOWELL, AR 72745							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ACE AMERICAN INS	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 6 - B D - 7		27 Vehicle Damage Rating 2 3 - F R - 4		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By BEARDS TOWING				Towed To 1150 INTERMODAL PKWY			

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)										
	113	1	JOHN PETER SMITH	MEDSTAR												
CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.												
DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address												
CMV	Unit Num.	<input checked="" type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper. 1	29 Carrier ID Type 1	Carrier ID Num. 00080806								
	Carrier's Corp. Name JB HUNT		Carrier's Primary Addr. 1150 INTERMODAL PKWY HASLET, TX 76052					30 Veh. Type 8								
	31 Bus Type 0	<input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GVWR	5 2 0 0 0	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type 3							
	Unit Num. 114	<input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GVWR	6 8 0 0 0	34 Trlr. Type 2	CMV Disabling Damage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No							
	Sequence Of Events	35 Seq. 1 98	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Actual Gross Weight	Total Num. Axles								
FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing		May Have Contrib.	Contributing		May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)								Field Diagram - Not to Scale							
INVESTIGATOR	Time Notified (24HR:MM) 0 6 2 0		How Notified DISPATCH		Time Arrived (24HRMM) 0 6 4 0		Report Date (MM/DD/YYYY) 03/01/2021									
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) HARPER, G., MARTIN, K										ID Num. 3380-3421				
	ORI Num. TX 2 2 0 1 2 0 0		*Agency FORT WORTH POLICE DEPARTMENT										Service/Region/DA 2 0 0 0 0 0			

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☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. Units	1	4	8
Total Num. Prsns.	1	3	6
TxDOT Crash ID	19142877.1 / 2021093866		

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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Page ## of ##

*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 00		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) 097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		* Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At-Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 115		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. JBS0374		VIN 1FTMTM1C16GKE19328					
Veh. Year 2016		6. Veh. Color WHI		Veh. Make FORD		Veh. Model F150	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 08662708		9 DL Class CM	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 05/24/1957			
Address (Street, City, State, ZIP) 4905 TRAILS EDGE DR ARLINGTON, TX 76017							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle SCHULTZ, LESTER HOWARD	
14 Injury Severity B		Age 63		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address FOX, ELECTRIC LTD, 1104 COLORADO LN ARLINGTON, TX 76015					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name TRAVELERS	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 7		27 Vehicle Damage Rating 2 6 - R D - 7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By UNKNOWN		Towed To UNKNOWN					
Unit Num. 116		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. LHK6873		VIN 1FT8W3BT2JEC55408					
Veh. Year 2018		6. Veh. Color WHI		Veh. Make FORD		Veh. Model F350	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 09615867		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 04/07/1979			
Address (Street, City, State, ZIP) 1701 BIRDS EYE RD FORT WORTH, TX 76177							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle TERRY, CODY LEN	
14 Injury Severity B		Age 41		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address TERRY, CODY LEN, 1701 BIRDS EYE RD FORT WORTH, TX 76177					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name TEXAS FARM BUREAU	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 7		27 Vehicle Damage Rating 2 6 - R D - 7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By GUY SIMON TOWING		Towed To GUY SIMON TOWING					

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Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total  
Num. Units 1 4 8

 Total  
Num. Persons 1 3 6

 TxDOT  
Crash ID 18142877.1  
/2021093866

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

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*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 00		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) 097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		* Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 117		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. DG7B111		VIN J M 1 B L 1 V F 9 C 1 5 0 2 9 2 7					
Veh. Year 2012		6. Veh. Color BLK		Veh. Make MAZDA		Veh. Model MAZDA3	
7 Body Style P4		<input type="checkbox"/> Pol, Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 27374941		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 06 / 14 / 1993			
Address (Street, City, State, ZIP) 9528 SILLS WAY FORT WORTH, TX 76177							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity B		Age 27		15 Ethnicity W		16 Sex 2	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address KENNEDY, TAYLER MICHELLE, 9528 SILLS WAY FORT WORTH, TX 76177					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ALLSTATE	
Fin. Resp. Num. 836013631		27 Vehicle Damage Rating 1		27 Vehicle Damage Rating 2		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By TEXAS TOWING		Towed To TEXAS TOWING					
Unit Num. 118		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. NWT9056		VIN 5 T B R T 3 4 1 7 1 S 1 9 8 4 0 8					
Veh. Year 2000		6. Veh. Color GRN		Veh. Make TOYOTA		Veh. Model TUNDRA	
7 Body Style PK		<input type="checkbox"/> Pol, Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99	
10 CDL End. 99		11 DL Rest. 99		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP) UNKNOWN UNKNOWN, UN UNK							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first-line	
14 Injury Severity 99		Age 99		15 Ethnicity 99		16 Sex 1	
17 Eject. 99		18 Restr. 5		19 Airbag 97		20 Helmet N	
21 Sol. 96		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address FLORES, CHRISTOFER B, 6641 WHITLEY RD WATAUGA, TX 76148					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name CONSUMER COUNTY MUTUAL	
Fin. Resp. Num. 6079703892221		27 Vehicle Damage Rating 1		27 Vehicle Damage Rating 2		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By BIVINS TOWING		Towed To BIVINS TOWING					

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	117	1	LOCAL HOSP	SELF		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper...	29 Carrier ID Type	Carrier ID Num.	
	Carrier's Corp. Name		Carrier's Primary Addr.						30 Veh. Type	
	31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.		32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type		CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?

FACTORS & CONDITIONS	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)					Field Diagram - Not to Scale				

INVESTIGATOR	Time Notified (24HR:MM)				How Notified DISPATCH				Time Arrived (24HR:MM)				Report Date (MM/DD/YYYY)							
		0	6	2	0						0	6	4	0		03/01/2021				
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) HARPER, G., MARTIN, K							ID Num. 3380-3421										
	ORI Num.	T	X	2	2	0	1	2	0	0	*Agency FORT WORTH POLICE DEPARTMENT				Service/ Region/DA	2	0	0	0	0

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Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total  
Num. Units 1 4 8

 Total  
Num. Prsns. 1 3 6

 TxDOT  
Crash ID 18142877.1  
/2021093866

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

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*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 : 00		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) 097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		* Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. I.R.		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 119		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. KFS8884		VIN 1 F M 5 K 7 F 8 6 D G C 2 4 5 1 7					
Veh. Year 2013		6 Veh. Color BRO		Veh. Make FORD		Veh. Model EXPLORER	
7 Body Style SV		<input type="checkbox"/> Pol, Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 13324712		9 DL Class C	
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 05 / 07 / 1970			
Address (Street, City, State, ZIP) 8304 TRICKHAM BEND FORT WORTH, TX 76131							
Person Num. 1		12 Prsn. Type 1		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity N		Age 50		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address MOOS, RUSSEL HOWARD, 8304 TRICKHAM BEND FORT WORTH, TX 76131					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE	
Fin. Resp. Num. 930823462		27 Vehicle Damage Rating 1 6 - R D - 5		27 Vehicle Damage Rating 2 1 2 - F D - 5		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By CARDINAL TOWING		Towed To CARDINAL TOWING					
Unit Num. 120		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. 99538P7		VIN 5 N M S 5 C A A 1 L H 2 9 1 0 1 7					
Veh. Year 2020		6 Veh. Color WHI		Veh. Make HYUNDAI		Veh. Model SANTA FE	
7 Body Style SV		<input type="checkbox"/> Pol, Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 02797937		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 02 / 07 / 1976			
Address (Street, City, State, ZIP) 14621 SAN MADRID TRAIL HASLET, TX 76052							
Person Num. 1		12 Prsn. Type 1		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity A		Age 45		15 Ethnicity W		16 Sex 2	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address KLAPPRODT, CATHLEEN GAIL, 14621 SAN MADRID TRAIL HASLET, TX 76052					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name TRAVELERS	
Fin. Resp. Num. 6036993542221		27 Vehicle Damage Rating 1 - - - - -		27 Vehicle Damage Rating 2 - - - - -		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By CARDINAL TOWING		Towed To CARDINAL TOWING					

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To		Taken By		Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)											
	120	1	LOCAL HOSP		SELF															
CHARGES	Unit Num.	Prsn. Num.	Charge						Citation/Reference Num.											
DAMAGE	Damaged Property Other Than Vehicles				Owner's Name				Owner's Address											
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.											
	Carrier's Corp. Name				Carrier's Primary Addr.				30 Veh. Type											
	31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type											
	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No											
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles											
FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions											
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control						
NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)							Field Diagram - Not to Scale												
INVESTIGATOR	Time Notified (24HR:MM)		0 6 2 0		How Notified		DISPATCH		Time Arrived (24HRMM)		0 6 4 0		Report Date (MM/DD/YYYY)		03/01/2021					
	Invest. Comp.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Investigator Name (Printed)								HARPER, G., MARTIN, K				ID Num.		3380-3421	
	ORI Num.		1 T X 2 2 0 1 2 0 0		*Agency								FORT WORTH POLICE DEPARTMENT				Service/Region/DA		2 0 0 0 0 0	

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total  
Num. Units 1 4 8

 Total  
Num. Prsns. 1 3 6

 TxDOT  
Crash ID 18142877.1  
/2021093866

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

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\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

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*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 : 00		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) 097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. TL Sys.		*Hwy. 35 Num.		2 Rdwy. 1 Part		Block 2600 Num.	
3 Street Prefix		* Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/ Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. LR Sys.		Hwy. Num.		2 Rdwy. 1 Part	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 121		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. KCY8B44		VIN 3GCPCE0H204690		Veh. Year 2017		6 Veh. Color WHI	
Veh. Make CHEVROLET		Veh. Model SILVERADO C1500		7 Body Style PK		<input type="checkbox"/> Pol. Fire, EMS on Narrative if checked	
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 09738014		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 07 / 11 / 1980			
Address (Street, City, State, ZIP) 2748 TRIANGLE LEAF DR KELLER, TX 76244							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity 99		Age 40		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address EMR, ELEVATOR INC, 2320 MICHIGAN CT ARLINGTON, TX 76016					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ALLIED WORLD	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 7		27 Vehicle Damage Rating 2 7 - B R - 7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By BIVINS WRECKER		Towed To BIVINS WRECKER					
Unit Num. 122		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. JNP1739		VIN W A 1 C 2 A F P X H A 0 0 5 9 0 4		Veh. Year 2017		6 Veh. Color WHI	
Veh. Make AUDI		Veh. Model Q5		7 Body Style SV		<input type="checkbox"/> Pol. Fire, EMS on Narrative if checked	
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 26039530		9 DL Class C	
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 05 / 06 / 1992			
Address (Street, City, State, ZIP) 12212 SWEET LEAF CT FORT WORTH, TX 76244							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity A		Age 28		15 Ethnicity W		16 Sex 2	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address WHITE, DANIELLE NICOLE, 12212 SWEET LEAF CT FORT WORTH, TX 76244					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 6		27 Vehicle Damage Rating 2 6 - R D - 5		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By LONESTAR TOWING		Towed To LONESTAR TOWING					



Case  
ID 210011068TxDOT  
Crash ID 18142877.1/2021093866

Page&lt;## of&lt;##

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	122	1		HARRIS METH	MEDSTAR 30	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	Carrier's Corp. Name			Carrier's Primary Addr.						
31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR			HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR			34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight			Total Num. Axles

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)	Field Diagram - Not to Scale

INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HRMM)	0	6	4	0	Report Date (MM/DD/YYYY)	03/01/2021
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) HARPER, G., MARTIN, K		ID Num. 3380-3421									
ORI Num.	T X 2 2 0 1 2 0 0	*Agency FORT WORTH POLICE DEPARTMENT		Service/ Region/DA 2 0 0 0 0 0										

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Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE
Total  
Num. Units 1 4 8Total  
Num. Prsns. 1 3 6TxDOT  
Crash ID 18142877.1  
/2021093866

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

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Page ## of ##

*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 00		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) 097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. TL Sys.		*Hwy. 35 Num.		2 Rdwy. 1 Part		Block 2600 Num.	
3 Street Prefix		* Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/ Toll Lane		Speed Limit		Const. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Workers <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Street Desc.	
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. LR Sys.		Hwy. Num.		2 Rdwy. 1 Part	
Block 2500 Num.		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 123		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State IN	
LP Num. 2712385		VIN 3AKJH H F G 7 J S J 2 0 9 4 3		Veh. Year 2018		6. Veh. Color WHI	
Veh. Make FREIGHTLINER		Veh. Model UNKNOWN		7 Body Style TT		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)	
8 DL/ID Type 1		DL/ID State FL		DL/ID Num. S534420872190		9 OL Class 98	
10 CDL End. 98		11 DL Rest. 98		DOB (MM/DD/YYYY) 06 / 09 / 1987			
Address (Street, City, State, ZIP) 1271 WOODMAN WAY ORLANDO, FL 32818							
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity		Age		15 Ethnicity		16 Sex	
17 Eject.		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec		Alc. Result		23 Drug Spec	
24 Drug Result		25 Drug Category					
1		1		1		SAINT LOT, JEAN MARIE	
2		2		13		CLEMENT, FRANTZ	
						Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.	
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address RYDER TRUCK, RENTAL INC, 11690 NW 105TH ST MIAMI, FL 33178					
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name NATIONAL CONTINENTAL		Fin. Resp. Num. COH0005261854-0	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 7		27 Vehicle Damage Rating 2 - - - - -		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By MILNER TOWING		Towed To MILNER TOWING					
Unit Num. 124		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State IN	
LP Num. P187155		VIN 10W1A532885049873		Veh. Year 2008		6. Veh. Color WHI	
Veh. Make STANDARD TRAILER CO		Veh. Model NOT APPLICABLE		7 Body Style TL		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)	
8 DL/ID Type		DL/ID State		DL/ID Num.		9 OL Class	
10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP)							
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity		Age		15 Ethnicity		16 Sex	
17 Eject.		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec		Alc. Result		23 Drug Spec	
24 Drug Result		25 Drug Category					
						Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.	
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address FEDEX GROUND, 1000 FEDEX DR PITTSBURGH, PA 15108					
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name NATIONAL CONTINENTAL		Fin. Resp. Num. COH0005261854-0	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 6 - R D - 3		27 Vehicle Damage Rating 2 - - - - -		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By MILNER TOWING		Towed To MILNER TOWING					

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Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total  
Num. Units 1 4 8

 Total  
Num. Prns. 1 3 6

 TxDOT  
Crash ID 18142877.1  
/2021093866

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Page ## of ##

*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 00		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) 097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. TL Sys.		*Hwy. 35 Num.		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		* Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. LR Sys.		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 125		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. CPV4837		VIN 1 F T W W 3 1 P 7 7 E A 9 3 8 2 8					
Veh. Year 2007		6. Veh. Color WHI		Veh. Make FORD		Veh. Model F350	
7 Body Style PK		<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 07225463		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 10 / 02 / 1973			
Address (Street, City, State, ZIP) 1337 VALLET DR JUSTIN, TX 76247							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity K		Age 47		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address GEEP MECHANICAL, 3640 8TH AVE FORT WORTH, TX 76110					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name AMERISURE	
Fin. Resp. Num. CA1281769		27 Vehicle Damage Rating 1 1 2 - F D - 7		27 Vehicle Damage Rating 2 6 - R D - 7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By GUY SIMMONS TOWING				Towed To GUY SIMMONS TOWING			
Unit Num. 126		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. NXX0230		VIN 1 H G C R 2 F 8 5 H A 1 8 7 8 9 8					
Veh. Year 2017		6. Veh. Color GRY		Veh. Make HONDA		Veh. Model ACCORD	
7 Body Style P4		<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 08324125		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 10 / 02 / 2019			
Address (Street, City, State, ZIP) 2308 BLACKRAIL CT NORTHLAKE, TX 76226							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity K		Age 34		15 Ethnicity W		16 Sex 2	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address STATE FARM					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name STATE FARM	
Fin. Resp. Num. 372 0759 J01 43C 001		27 Vehicle Damage Rating 1 1 2 - F D - 7		27 Vehicle Damage Rating 2 6 - R D - 7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By GUY SIMMONS TOWING				Towed To GUY SIMMONS TOWING			

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Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE
Total  
Num. Units 1 4 8Total  
Num. Prsns. 1 3 6TxDOT  
Crash ID 18142877.1  
/2021093866

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

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*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 : 00		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) 097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. TL Sys.		*Hwy. Num. 35		2 Rdwy. 1		Block Num. 2600	
3 Street Prefix		* Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. LR Sys.		Hwy. Num.		2 Rdwy. 1 Part	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 127		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. MCMC4		VIN 5X X G T 4 L 3 8 J G 1 8 1 5 1 4					
Veh. Year 2021		6 Veh. Color BLU		Veh. Make KIA		Veh. Model OPTIMA	
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DLID Type 1		DLID State TX		DLID Num. 27217915		9 DL Class C	
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 01 / 20 / 1967			
Address (Street, City, State, ZIP) 14804 CEDAR FLAT WAY ROANOKE, TX 76262							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity B		Age 54		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address MIKE CARLSON, MTR CO INC, 264 EXCHANGE ST BURLESON, TX 76028					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name SELF INSURED	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 7		27 Vehicle Damage Rating 2 6 - R D - 7		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By BIVINS TOWING		Towed To BIVINS TOWING					
Unit Num. 128		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. NCX3077		VIN 1 F T E X 1 C 4 6 L K D 7 9 0 5 2					
Veh. Year 2020		6 Veh. Color WHI		Veh. Make FORD		Veh. Model F150	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DLID Type 1		DLID State TX		DLID Num. 06631778		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 11 / 27 / 1960			
Address (Street, City, State, ZIP) 9460 LECHNER RD FORT WORTH, TX 76179							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity B		Age 60		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address ENTERPRISE FM TRUST, 9315 OLIVE BLVD ST LOUIS, MO 63132					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name UNKNOWN	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 7		27 Vehicle Damage Rating 2 6 - R D - 7		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By MILNER TOWING		Towed To MILNER TOWING					

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	127	1		LOCAL HOSPITAL	SELF	
128	1		LOCAL HOSPITAL	SELF		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	Carrier's Corp. Name	Carrier's Primary Addr.								
31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released		<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	
Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)	Field Diagram - Not to Scale

INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HRMM)	0	6	4	0	Report Date (MM/DD/YYYY)	03/01/2021						
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) HARPER, G., MARTIN, K						ID Num. 3380-3421											
ORI Num.	T	X	2	2	0	1	2	0	0	*Agency FORT WORTH POLICE DEPARTMENT				Service/ Region/DA	2	0	0	0	0	0

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Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total  
Num. Units 1 4 8

 Total  
Num. Prsns. 1 3 6

 TxDOT  
Crash ID 18142877.1  
/2021093866

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

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Page ## of ##

*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 0 6 0 0		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 3 2 7 9 5 1 3		Longitude (decimal degrees) 0 9 7 3 2 2 7 7	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. TL Sys.		*Hwy. 35 Num.		2 Rdwy. 1 Part		Block 2600 Num.	
3 Street Prefix		* Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. LR Sys.		Hwy. Num.		2 Rdwy. 1 Part	
Block 2500 Num.		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 129		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. 00177H7		VIN 1 G N F C 1 3 J 1 7 R 2 3 1 1 2 6					
Veh. Year 2 0 0 7		6. Veh. Color BLU		Veh. Make CHEVROLET		Veh. Model TAHOE C1500	
7 Body Style SV		<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 99		DL/ID State TX		DL/ID Num.		9 DL Class 99	
10 CDL End. 99		11 DL Rest. 99		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP) UNKNOWN UNKNOWN, UN UNK							
Person Num. 1		12 Prsn. Type 99		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity 99		Age 99		15 Ethnicity 99		16 Sex 99	
17 Eject. 99		18 Restr. 99		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address CARROLL, CHARLES, 6301 SPOKANE DR FORT WORTH, TX 76179					
Proof of Fin. Resp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type		Fin. Resp. Name	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 7		27 Vehicle Damage Rating 2 6 - R D - 7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By BIVINS WRECKER		Towed To BIVINS WRECKER					
Unit Num. 130		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. MMK0537		VIN J M 3 K E 4 C Y 0 G 0 7 9 2 8 5 1					
Veh. Year 2 0 1 6		6. Veh. Color BLK		Veh. Make MAZDA		Veh. Model CX-7	
7 Body Style SV		<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 13342870		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 1 0 / 3 0 / 1 9 5 6			
Address (Street, City, State, ZIP) 6016 OAK HILL RD WATAUGA, TX 76148							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity A		Age 64		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address FRANCIS, JEFFREY LYNN, 6016 OAK HILL RD WATAUGA, TX 76148					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name FARMERS	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 7		27 Vehicle Damage Rating 2 6 - R D - 7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By LONESTAR TOWING		Towed To LONESTAR TOWING					

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)						
	130	1	JOHN PETER SMITH	MEDSTAR63								
	130	2	JOHN PETER SMITH	MEDSTAR63								
CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.								
DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address								
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type			
	Carrier's Corp. Name		Carrier's Primary Addr.									
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type				
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No				
FACTORS & CONDITIONS	Sequence of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles				
	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)		Environmental and Roadway Conditions					
	Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)					Field Diagram - Not to Scale						
INVESTIGATOR	Time Notified (24HR:MM)		How Notified		Time Arrived (24HRMM)		Report Date (MM/DD/YYYY)					
	0 6 2 0		DISPATCH		0 6 4 0		03/01/2021					
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) HARPER, G., MARTIN, K					ID Num. 3380-3421					
ORI Num. TX 2 2 0 1 2 0 0					*Agency FORT WORTH POLICE DEPARTMENT					Service/Region/DA 2 0 0 0 0 0		

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total  
Num. Units 1 4 8

 Total  
Num. Prsns. 1 3 6

 TxDOT  
Crash ID 18142877.1  
/2021093866

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Page ## of ##

*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 : 00		Case ID 210011068		Local Use																																																							
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit																																																							
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) 097.32277																																																							
ROAD ON WHICH CRASH OCCURRED																																																													
*1 Rdwy. TL Sys.		*Hwy. 35 Num.		2 Rdwy. 1 Part		Block 2600 Num.																																																							
3 Street Prefix		* Street Name		4 Street Suffix																																																									
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/ Toll Lane		Speed Limit																																																							
Const. Zone		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																							
Street Desc.																																																													
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																													
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. LR Sys.		Hwy. Num.		2 Rdwy. 1 Part																																																							
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																																																							
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker																																																							
Street Desc. HWY		RRX Num.																																																											
Unit Num. 131		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX																																																							
LP Num. BK2L525		VIN 1HGBS165X3L010533																																																											
Veh. Year 2003		6 Veh. Color SIL		Veh. Make HONDA		Veh. Model CIVIC																																																							
7 Body Style P4		<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)																																																											
8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99																																																							
10 CDL End. 99		11 DL Rest. 99		DOB (MM/DD/YYYY)																																																									
Address (Street, City, State, ZIP) UNKNOWN UNKNOWN, UN UNK																																																													
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Prsn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>99</td> <td>1</td> <td>UNKNOWN, UNKNOWN UNK</td> <td>99</td> <td></td> <td>99</td> <td>99</td> <td>1</td> <td>99</td> <td>5</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>								Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	99	1	UNKNOWN, UNKNOWN UNK	99		99	99	1	99	5	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																												
1	99	1	UNKNOWN, UNKNOWN UNK	99		99	99	1	99	5	97	N	96		96	97	97																																												
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<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address UNKNOWN, UNKNOWN UNK, UNKNOWN UNKNOWN, UN UNK																																																													
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt <input type="checkbox"/> Expired 26 Fin. Resp. Type Fin. Resp. Name 27 Vehicle Damage Rating 1 1 2 - F D - 7 27 Vehicle Damage Rating 2 6 - R D - 7 Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																													
Towed By PURRFECT TOWING Towed To PURRFECT TOWING																																																													
Unit Num. 132		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX																																																							
LP Num. MWB6163		VIN 4S4BTA NC8L3127148																																																											
Veh. Year 2002		6 Veh. Color GRY		Veh. Make SUBARU		Veh. Model OUTBACK																																																							
7 Body Style P4		<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)																																																											
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 06580483		9 DL Class C																																																							
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 09 / 02 / 1995		4																																																							
Address (Street, City, State, ZIP) 12741LIZZIE PL FORT WORTH, TX 76244																																																													
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Prsn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>SPRATLIN, SHEREE WARNER</td> <td>A</td> <td>66</td> <td>W</td> <td>2</td> <td>1</td> <td>1</td> <td>5</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>								Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	SPRATLIN, SHEREE WARNER	A	66	W	2	1	1	5	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																												
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<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address SPRATLIN, SHEREE WARNER, 12741LIZZIE PL FORT WORTH, TX 76244																																																													
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt <input type="checkbox"/> Expired 26 Fin. Resp. Type 1 Fin. Resp. Name FARMERS INS Fin. Resp. Num. 44729837 27 Vehicle Damage Rating 1 1 2 - F D - 7 27 Vehicle Damage Rating 2 7 - B L - 7 Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																													
Towed By TEXAS TOWING Towed To TEXAS TOWING																																																													



Case  
ID 210011068TxDOT  
Crash ID 18142877.1/2021093866

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	132	1	MEDICAL CITY FORT WORTH	MEDSTAR56		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	Carrier's Corp. Name	Carrier's Primary Addr.							
31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No		32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	
Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Sequence of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control		

INVESTIGATOR NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)				Field Diagram - Not to Scale			

INVESTIGATOR	Time Notified (24HR:MM)				How Notified				Time Arrived (24HRMM)				Report Date (MM/DD/YYYY)					
		0	6	2	0	DISPATCH					0	6	4	0	03/01/2021			
Invest. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) HARPER, G., MARTIN, K																	
ORI Num.	T	X	2	2	0	1	2	0	0	*Agency FORT WORTH POLICE DEPARTMENT				ID Num.	3380-3421			
														Service/Region/DA	2 0 0 0 0 0			

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Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total  
Num. Units 1 4 8

 Total  
Num. Prsns. 1 3 6

 TxDOT  
Crash ID 18142877.1  
/2021093866

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Page ## of ##

*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 : 00		Case ID 210011068		Local-Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) 097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. TL Sys.		*Hwy. 35 Num.		2 Rdwy. 1 Part		Block 2600 Num.	
3 Street Prefix		* Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/ Toll Lane		Speed Limit	
Const. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input checked="" type="checkbox"/> No		Street Desc.			
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. LR Sys.		Hwy. Num.		2 Rdwy. 1 Part	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Osc. HWY		RRX Num.					
Unit Num. 133		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run	
LP State TX		LP Num. CVY6348		VIN 1 F T R X 1 8 L 6 X K B 3 9 4 2 6			
Veh. Year 1999		6 Veh. Color BLK		Veh. Make FORD		Veh. Model F150	
7 Body Style PK		<input type="checkbox"/> Pol, Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99	
10 CDL End. 99		11 DL Rest. 99		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP) UNKNOWN UNKNOWN, UN UNK							
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity		Age		15 Ethnicity		16 Sex	
17 Eject.		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.	
24 Drug Result		25 Drug Category					
1		99		1		UNKNOWN, UNKNOWN UNK	
99							
						Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.	
<input checked="" type="checkbox"/> Owner		Owner/Lessee		Name & Address UNKNOWN, UNKNOWN UNK, UNKNOWN UNKNOWN, UN UNK			
<input type="checkbox"/> Lessee							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name FOREMOST COUNTY MUTUAL	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 7		27 Vehicle Damage Rating 2 - - - - -		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By PERFECT TOWING		Towed To PERFECT TOWING					
Unit Num. 134		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run	
LP State TX		LP Num. FCH2874		VIN J M 3 E R 2 B 5 1 B 0 3 6 6 5 1 3			
Veh. Year 2011		6 Veh. Color BLK		Veh. Make MAZDA		Veh. Model CX-7	
7 Body Style SV		<input type="checkbox"/> Pol, Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 34180404		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 10 / 29 / 1983			
Address (Street, City, State, ZIP) 1700 SUNFLOWER DR CORINTH, TX 76210							
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity		Age		15 Ethnicity		16 Sex	
17 Eject.		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.	
24 Drug Result		25 Drug Category					
1		1		1		THOMAS, BRIAN MICHAEL	
B		37		W		1	
1		1		1		5	
97		N		96			
						Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.	
<input checked="" type="checkbox"/> Owner		Owner/Lessee		Name & Address THOMAS, BRIAN MICHAEL, 1700 SUNFLOWER DR CORINTH, TX 76210			
<input type="checkbox"/> Lessee							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ALLSTATE	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 7		27 Vehicle Damage Rating 2 6 - R D - 5		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By TEXAS TOWING		Towed To TEXAS TOWING					

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Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total  
Num. Units 1 4 8

 Total  
Num. Prsns. 1 3 6

 TxDOT  
Crash ID 18142877.1  
/2021093866

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

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Page &lt;## of &lt;##

*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 : 00		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) 097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. TL Sys. TI		*Hwy. 35 Num.		2 Rdwy. 1 Part		Block 2600 Num.	
3 Street Prefix		* Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/ Toll Lane		Speed Limit		Const. <input type="checkbox"/> Yes Zone <input checked="" type="checkbox"/> No	
Workers Present		<input checked="" type="checkbox"/> No		Street Desc.			
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. LR Sys.		Hwy. Num.		2 Rdwy. 1 Part	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 135		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run	
LP State TX		LP Num. MWY2440		VIN 1 F T E W 1 E 5 4 K K D 6 9 6 6 1			
Veh. Year 2019		6 Veh. Color GRN		Veh. Make FORD		Veh. Model F150	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 00985031		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 01 / 23 / 1982			
Address (Street, City, State, ZIP) 1804 YOSEMITE LN KELLER, TX 76248							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity B		Age 39		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address TROTTER, DAVID DENSON, 1804 YOSEMITE LN KELLER, TX 76248					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ALLSTATE	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 7		27 Vehicle Damage Rating 2 - - - - -		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By TEXAS TOWING		Towed To TEXAS TOWING					
Unit Num. 136		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run	
LP State TX		LP Num. KBM0726		VIN W A 1 C 2 A F P 1 G A 1 1 3 0 1 8			
Veh. Year 2016		6 Veh. Color BLK		Veh. Make AUDI		Veh. Model Q5	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 09861486		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 05 / 07 / 1971			
Address (Street, City, State, ZIP) 4805 CARGILL CIR KELLER, TX 76244							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity A		Age 49		15 Ethnicity H		16 Sex 2	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address HERRERA, EDUARDO, 4805 CARGILL CIR FORT WORTH, TX 76244					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 7		27 Vehicle Damage Rating 2 6 - R D - 7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By PURRFECT TOWING		Towed To PURRFECT TOWING					

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	135	1		LOCAL HOSPITAL	SELF	
136	1		HARRIS METHODIST DOWNTOWN	MEDSTAR30		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type	
	Carrier's Corp. Name		Carrier's Primary Addr.									
	31 Bus Type	<input type="checkbox"/> RGWV	<input type="checkbox"/> GVWR		HazMat Released	<input type="checkbox"/> Yes	<input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
	Unit Num.	<input type="checkbox"/> RGWV	<input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV	<input type="checkbox"/> GVWR	34 Trlr. Type
	Sequence of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Actual Gross Weight			Total Num. Axles

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Unit #	Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)		Field Diagram - Not to Scale	

INVESTIGATOR	Time Notified (24HR:MM)		How Notified		Time Arrived (24HR:MM)		Report Date (MM/DD/YYYY)											
		0	6	2	0	DISPATCH	0	6	4	0	03/01/2021							
	Invest. Comp.	<input checked="" type="checkbox"/> Yes	Investigator Name (Printed) HARPER, G., MARTIN, K		ID Num.		3380-3421											
	ORI Num.	T	X	2	2	0	1	2	0	0	*Agency FORT WORTH POLICE DEPARTMENT	Service/Region/DA	2	0	0	0	0	0

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Law Enforcement and TxDOT Use ONLY

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 Total  
Num. Units 1 4 8

 Total  
Num. Prsns. 1 3 6

 TxDOT  
Crash ID 18142877.1  
/2021093866

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Page ## of ##

*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 : 00		Case ID- 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) 09.732277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. TL Sys.		*Hwy. 35 Num.		2 Rdwy. Part 1		Block 2600	
3 Street Prefix		* Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. LR Sys.		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 137		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State FL	
LP Num. R1CII		VIN 3 D 7 K U 2 8 C X 4 G 2 B 3 3 3 0					
Veh. Year 2004		6 Veh. Color RED		Veh. Make DODGE		Veh. Model RAM 2500	
7 Body Style PK		<input type="checkbox"/> Pol, Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 46254136		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 06 / 29 / 1990			
Address (Street, City, State, ZIP) 4304 TRANQUILITY DR FORT WORTH, TX 76244							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity B		Age 30		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 2		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address PATEL, MARK LEON, 4304 TRANQUILITY DR FORT WORTH, TX 76244					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name UNKNOWN	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 7		27 Vehicle Damage Rating 2 3 - R P - 6		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By GUY SIMMONS		Towed To GUY SIMMONS					
Unit Num. 138		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. HYF3713		VIN 1 F T F W 1 C V 9 A F C 6 2 1 5 2					
Veh. Year 2010		6 Veh. Color MAR		Veh. Make FORD		Veh. Model F150	
7 Body Style PK		<input type="checkbox"/> Pol, Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99	
10 CDL End. 99		11 DL Rest. 99		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP) UNKNOWN UNKNOWN, UN UNK							
Person Num. 1		12 Prsn. Type 99		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity 99		Age 99		15 Ethnicity 99		16 Sex 99	
17 Eject. 1		18 Restr. 1		19 Airbag 2		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address LEE, THOMAS JR / 136 NAVAJO DR KELLER, TX 76248					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name GEICO	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 7		27 Vehicle Damage Rating 2 - - - - -		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By LONE STAR TOWING		Towed To LONE STAR					

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 Total  
Num. Units 1 4 8

 Total  
Num. Prsns. 1 3 6

 TxDOT  
Crash ID 18142877.1  
/2021093866

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

 Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457  
 Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

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IDENTIFICATION &amp; LOCATION

*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 : 00		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude — (decimal degrees) 097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. TL Sys.		*Hwy. 35 Num.		2 Rdwy. 1 Part		Block 2600 Num.	
3 Street Prefix		* Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/ Toll Lane		Speed Limit		Const. <input type="checkbox"/> Yes Zone <input checked="" type="checkbox"/> No	
Workers <input type="checkbox"/> Yes Present <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At <input type="checkbox"/> Yes Int. <input checked="" type="checkbox"/> No		1 Rdwy. LR Sys.		Hwy. Num.		2 Rdwy. 1 Part	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker—	
Street Desc. HWY		RRX Num.					
Unit Num. 139		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run	
LP State TX		LP Num. JXM2353		VIN 2 G 1 W G 5 E 3 7 D 1 1 8 9 4 8 1			
Veh. Year 2013		6 Veh. Color GRAY		Veh. Make CHEVROLET		Veh. Model IMPALA	
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 23253328		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 05 / 13 / 1988			
Address (Street, City, State, ZIP) 5013 SHACKLEFORD FORT WORTH, TX 76119							

VEHICLE, DRIVER, &amp; PERSONS

Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle— Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	ARMSTRONG, ALEXANDER JACQUETTE	B	32	B	1	1	1	5	97	N	96		96	97	97
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee				Owner/Lessee Name & Address ARMSTRONG, ALEXANDER JACQUETTE, 5013 SHACKLEFORD FORT WORTH, TX 76119													
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				26 Fin. Resp. Type				Fin. Resp. Name				Fin. Resp. Num.					
Fin. Resp. Phone Num.				27 Vehicle Damage Rating 1 6 - R D - 7				27 Vehicle Damage Rating 2 1 2 - F D - 5				Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Towed By PURRFECT TOWING				Towed To PURRFECT TOWING													
Unit Num. 140		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State TX		LP Num. LED1926		VIN 1 G Y S 4 N K J 8 F R 7 4 0 9 9 2					
Veh. Year 2021		6 Veh. Color SIL		Veh. Make CADILLAC		Veh. Model ESCALADE		7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)							
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 34089531		9 DL Class C		10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 09 / 02 / 1970					
Address (Street, City, State, ZIP) 821 BIG SKY WAY ARGYLE, TX 76226																	
Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle— Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	DANIEL, LESLIE S	B	50	W	2	1	1	2	97	N	96		96	97	97
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee				Owner/Lessee Name & Address DANIEL, LESLIE S, 821 BIG SKY WAY ARGYLE, TX 76226													
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				26 Fin. Resp. Type 1				Fin. Resp. Name FARMERS				Fin. Resp. Num. 44226567					
Fin. Resp. Phone Num.				27 Vehicle Damage Rating 1 1 2 - F D - 4				27 Vehicle Damage Rating 2 - - - - -				Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Towed By TEXAS TOWING				Towed To TEXAS TOWING													

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Law Enforcement and TxDOT Use ONLY

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 Total  
Num. Units 1 4 8

 Total  
Num. Prsns. 1 3 6

 TxDOT  
Crash ID 18142877.1  
/2021093866

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

 Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457  
 Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

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*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 : 00		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
<input type="checkbox"/> Outside City Limit							
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Latitude (decimal degrees) 32.79513 Longitude (decimal degrees) 097.03227							
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block 2600	
3 Street Prefix		* Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot <input checked="" type="checkbox"/> Toll Road/Toll Lane							
Speed Limit Const. Zone <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Workers Present <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Street Desc.							
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 141 5 Unit Desc. 1 <input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run LP State TX LP Num. DJZ7317 VIN S A L A E 2 5 4 X 6 A 3 7 0 9 7 7							
Veh. Year 2006		6 Veh. Color BLU		Veh. Make LAND ROVER		Veh. Model LR3	
7 Body Style SV		<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 06457878		9 DL Class C	
10 COL End. 96		11 OL Rest. A		DOB (MM/DD/YYYY) 11 / 12 / 1954			
Address (Street, City, State, ZIP) 7733 MARBLE CANYON DR FORT WORTH, TX 76137							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		THOMASON, LINDA G	
14 Injury Severity B		Age 66		15 Ethnicity W		16 Sex 2	
17 Eject. 1		18 Restr. 1		19 Airbag 1		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address THOMASON, JOHN, 7733 MARBLE CANYON DR FORT WORTH, TX 76137							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name FARMERS	
27 Vehicle Damage Rating 1 1 2 - F D - 3		27 Vehicle Damage Rating 2 - - - - -		Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Towed By BIVINS TOWING Towed To BIVINS TOWING							
Unit Num. 142 5 Unit Desc. 1 <input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run LP State TX LP Num. MDD5120 VIN 5 X Y P G D A 5 9 J G 3 5 2 4 5 3							
Veh. Year 2014		6 Veh. Color WHI		Veh. Make FORD		Veh. Model F150	
7 Body Style PK		<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 04890219		9 DL Class CM	
10 COL End. 96		11 DL Resl. 96		DOB (MM/DD/YYYY) 04 / 21 / 1988			
Address (Street, City, State, ZIP) 4059 TULIP TREE DR FORT WORTH, TX 76137							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		BIRD, IAN P	
14 Injury Severity B		Age 32		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 2		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address BIRD, IAN P, 4059 TULIP TREE DR FORT WORTH, TX 76137							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name USAA	
27 Vehicle Damage Rating 1 1 2 - F D - 6		27 Vehicle Damage Rating 2 - - - - -		Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Towed By BIVINS TOWING Towed To BIVINS TOWING							

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Form CR-3 (Rev. 1/1/2018)Case  
ID 210011068TxDOT  
Crash ID 18142877.1/2021093866

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	141	1	LOCAL HOSPITAL	SELF		
	142	1	LOCAL HOSPITAL	SELF		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Carrier's Corp. Name	Carrier's Primary Addr.						30 Veh. Type
31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32-HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Unit #	Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)				Field Diagram - Not to Scale			

INVESTIGATOR	Time Notified (24HR:MM)				How Notified				Time Arrived (24HRMM)				Report Date (MM/DD/YYYY)							
	Invest. Comp.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Investigator Name (Printed)	HARPER, G., MARTIN, K			DISPATCH												
	ORI Num.	T	X	2	2	0	1	2	0	0	*Agency	FORT WORTH POLICE DEPARTMENT			Service/ Region/DA	2	0	0	0	0

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*Crash Date (MM/DD/YYYY) 02 / 11 / 2021	*Crash Time (24HRMM) 06 : 00 : 00	Case ID 210011068	Local Use
*County Name TARRANT	*City Name FORT WORTH	<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Latitude (decimal degrees) 32° 07' 09" N 95° 01' 03" W	Longitude — (decimal degrees) 097° 03' 22" W 077° 01' 03" E	
ROAD ON WHICH CRASH OCCURRED			
*1 Rdwy. Sys. TL	*Hwy. Num. 35	2 Rdwy. Part 1	Block Num. 2600
3 Street Prefix		*Street Name	
4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot	<input checked="" type="checkbox"/> Toll Road/ Toll Lane	Speed Limit	Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Street Desc.		
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER			
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1 Rdwy. Sys. LR	Hwy. Num.	2 Rdwy. Part 1
Block Num. 2500		3 Street Prefix NE	
Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000	<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker S	Reference Marker
Street Desc. HWY		RRX Num.	
Unit Num. 143	5 Unit Desc. 1	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run
LP State TX	LP Num. NVD5172	VIN 1C6SRFJT4LN3952B9	
Veh. Year 2020	6. Veh. Color WHI	Veh. Make DODGE	Veh. Model RAM 1500
7 Body Style PK	<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)		
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 3644117	9 DL Class C
10 CDL End. 96	11 DL Rest. 96	DOB (MM/DD/YYYY) 04 / 24 / 1986	
Address (Street, City, State, ZIP) 506 RANCHWOOD DR JUSTIN, TX 76247			
Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line
14 Injury Severity	Age	15 Ethnicity	16 Sex
17 Eject.	18 Restr.	19 Airbag	20 Helmet
21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.
24 Drug Result	25 Drug Category		
1	1	1	OSBORNE, WESLEY ADAM
N	34	W	1
1	1	1	1
1	1	97	N
96		96	97
97		97	97
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee	Owner/Lessee Name & Address SABER POWER, SERVICES, 9841 SABER POWER LN ROSHARON, TX 77583		
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type 1	Fin. Resp. Name GREAT NORTHERN
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 6 - R D - 2	27 Vehicle Damage Rating 2 - - - - -
Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Towed By CARDINAL TOWING	Towed To CARDINAL TOWING		
Unit Num. 144	5 Unit Desc. 1	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run
LP State TX	LP Num. MKM2960	VIN 1N4BL4BV5LC1S3790	
Veh. Year 2020	6. Veh. Color SIL	Veh. Make NISSAN	Veh. Model ALTIMA
7 Body Style p4	<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)		
8 DL/IO Type 1	DL/ID State TX	DL/ID Num. 15669974	9 DL Class C
10 CDL End. 96	11 DL Rest. 96	DOB (MM/DD/YYYY) 12 / 03 / 1996	
Address (Street, City, State, ZIP) 409 CLAIREMONT AVE FORT WORTH, TX 76103			
Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line
14 Injury Severity	Age	15 Ethnicity	16 Sex
17 Eject.	18 Restr.	19 Airbag	20 Helmet
21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.
24 Drug Result	25 Drug Category		
1	1	1	GOULD, LORENZO
B	52	B	1
1	1	5	97
N	96		96
97		97	97
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee	Owner/Lessee Name & Address EAN HOLDINGS LLC, 14002 EAST 21ST ST #1500 TULSA, OK 74134		
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type 1	Fin. Resp. Name TEXAS FARM BUREAU
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 7	27 Vehicle Damage Rating 2 3 - R & T - 7
Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Towed By MILNER TOWING	Towed To MILNER TOWING		

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Form CR-3 (Rev. 1/1/2018)Case  
ID 210011068TxDOT  
Crash ID 18142877.1/2021093866

Page&lt;## of&lt;##

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	144	1	LOCAL HOSPITAL	SELF		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	Carrier's Corp. Name		Carrier's Primary Addr.						
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat- ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	

FACTORS & CONDITIONS	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles

36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
Unit #	Contributing	May Have Contrib.		Unit #	Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)				Field Diagram - Not to Scale			

INVESTIGATOR	Time Notified (24HR:MM) 0 6 2 0				How Notified DISPATCH				Time Arrived (24HRMM) 0 6 4 0				Report Date (MM/DD/YYYY) 03/01/2021			
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) HARPER, G., MARTIN, K												ID Num. 3380-3421		
	ORI Num. T X 2 2 0 1 2 0 0	*Agency FORT WORTH POLICE DEPARTMENT												Service/ Region/DA 2 0 0 0 0 0		

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☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE
Total  
Num. Units 1 4 8Total  
Num. Frags. 1 3 6TxDOT  
Crash ID 18142877.1  
/2021093866

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Page ## of ##

*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 : 00		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) 097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. TL Sys.		*Hwy. 35 Num.		2 Rdwy. 1 Part		Block 2600 Num.	
3 Street Prefix		* Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/ Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.	
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. LR Sys.		Hwy. Num.		2 Rdwy. 1 Part	
Block 2500 Num.		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 145		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run	
LP State TX		LP Num. FLY1363		VIN 2GKFLR39F6220122			
Veh. Year 2015		6. Veh. Color BLK		Veh. Make GMC		7 Body Style SV	
<input type="checkbox"/> Pol, Fire, EMS on Emergency (Explain in Narrative if checked)							
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 33739641		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 02 / 13 / 1995			
Address (Street, City, State, ZIP) 1012 KEYSTONE CT DENTON, TX 76207							
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity		Age		15 Ethnicity		16 Sex	
17 Eject.		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.	
24 Drug Result		25 Drug Category					
1		1		1		ROBINSON, JESSE	
B		25		W		1	
1		1		1		2	
97		N		96		96	
97		97		97		97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address WISE, SHELBY, 2606 DURANGO RIDGE DR BEDFORD, TX 76021					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name USAA	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 7		27 Vehicle Damage Rating 2 - - - - -		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By ALLIANCE TOWING KELLER				Towed To ALLIANCE TOWING KELLER			
Unit Num. 146		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run	
LP State TX		LP Num. CFP1992		VIN 3FA6P4BJ4EM110683			
Veh. Year 2014		6. Veh. Color GRY		Veh. Make FORD		7 Body Style P4	
<input type="checkbox"/> Pol, Fire, EMS on Emergency (Explain in Narrative if checked)							
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 29219284		9 DL Class A	
10 CDL End. 96		11 DL Rest. P17		DOB (MM/DD/YYYY) 03 / 14 / 1998			
Address (Street, City, State, ZIP) 14637 SUNDGOW WAY HASLET, TX 76052							
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity		Age		15 Ethnicity		16 Sex	
17 Eject.		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.	
24 Drug Result		25 Drug Category					
1		1		1		GARCIA RAMIREZ, JULIO	
B		31		H		1	
1		1		1		1	
97		N		96		96	
97		97		97		97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address OJEDA, JANNET, 4916 SAUCER DR HALTOM CITY, TX 76117					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name STATE FARM	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 3		27 Vehicle Damage Rating 2 - - - - -		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By LONESTAR TOWING				Towed To LONESTAR TOWING			

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Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total  
Num. Units 1 4 8

 Total  
Num. Persons 1 3 6

 TxDOT  
Crash ID 18142877.1  
/2021093866

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

 Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457  
 Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Page ## of ##

*Crash Date (MM/DD/YYYY) 02 / 11 / 2021		*Crash Time (24HRMM) 06 : 00		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
<input type="checkbox"/> Outside City Limit							
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Latitude (decimal degrees) 32.79513		Longitude — (decimal degrees) 097.32277					
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		* Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Street Desc.	
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3-Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX-Num.					
Unit Num. 147		5 Unit Desc. 1		<input type="checkbox"/> Parked - Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. MMX2133		VIN 3GNKBGRS4K566930					
Veh. Year 2019		6. Veh. Color WHI		Veh. Make CHEVROLET		Veh. Model BLAZER	
7 Body Style SV		<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 13849792		9 DL Class A	
10 CDL End. 96		11 DL Rest. K		DOB (MM/DD/YYYY) 03 / 19 / 1971			
Address (Street, City, State, ZIP) 829 AMBERWOOD CT HASLET, TX 76052							
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity		Age		15 Ethnicity		16 Sex	
17 Eject.		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.	
24 Drug Result		25 Drug Category					
1		1		1		PENNINGTON, CHRISTOPHER	
B		49		W		1	
1		1		1		1	
1		1		1		1	
97		N		96		96	
97		97		97		97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address JR'S CRANE AND, EXCAVATION, 5420 HWY 69 GREENEVILLE, TX 75402					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		26 Fin. Resp. Type 1		Fin. Resp. Name SELF		Fin. Resp. Num. SELF	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 2 - F D - 7		27 Vehicle Damage Rating 2 - - - - -		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By TEXAS TOWING		Towed To TEXAS TOWING					
Unit Num. 148		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. GGB0398		VIN 1FM5K7B89GB36541					
Veh. Year 2016		6. Veh. Color SIL		Veh. Make FORD		Veh. Model EXPLORER	
7 Body Style -SV		<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 06180063		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 04 / 17 / 1958			
Address (Street, City, State, ZIP) 8021 ARLIE LN NORTH RICHLAND HILLS, TX 76182							
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity		Age		15 Ethnicity		16 Sex	
17 Eject.		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.	
24 Drug Result		25 Drug Category					
1		1		1		EZZELLE, BRENT REID	
N		62		W		1	
1		1		1		1	
2		97		N		96	
96		97		97		97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address TARRANT, COUNTY, 100 E WEATHERFORD ST #303 FORT WORTH, TX 76196					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		26 Fin. Resp. Type 1		Fin. Resp. Name SELF		Fin. Resp. Num. SELF	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 6 - R D - 7		27 Vehicle Damage Rating 2 1 2 - F D - 7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By TEXAS TOWING		Towed To TEXAS TOWING					

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Case  
IN 210011068

TxDOT Crash ID	18142877.1/2021093866
-------------------	-----------------------

Form CR-3 (Rev. 7/1/2019)														
ID	Z10011088	CASE NO.	20110011088											
DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)								
	147	1	JOHN PETER SMITH	MEDSTAR27										
CHARGES	Unit Num.	Prsn. Num.	Charge			Citation/Reference Num.								
DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address									
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.						
	Carrier's Corp. Name			Carrier's Primary Addr.						30 Veh. Type				
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type						
	Unit - Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Num. Axles					
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight							
	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)		Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
	FACTORS & CONDITIONS	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)							Field Diagram - Not to Scale					
INVESTIGATOR	Time Notified (24HR:MM) 0 6 2 0		How Notified DISPATCH		Time Arrived (24HRMM) 0 6 4 0		Report Date (MM/DD/YYYY) 03 / 01 / 2021							
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) HARPER, G., MARTIN, K					ID Num. 3380-3421							
	ORI Num. TX 2 2 0 1 2 0 0		*Agency FORT WORTH POLICE DEPARTMENT					Service/Region/DA 2 0 0 0 0 0						

A-13

Electronically Filed  
8/2/2021 8:44 AM  
Hidalgo County District Clerks  
Reviewed By: Irene Caceres

**NO. C-1550-21-B**

CHRISTOPHER PENNINGTON

**Plaintiff,**

**VS.**

**FEDEX GROUND PACKAGE SYSTEM,  
INC., GG'S PRODUCE TRANSPORT,  
LLC, I GARZA LLC , J.B. HUNT  
TRANSPORT, INC., RICH TRANSPORT,  
LLC, and GO TO LOGISTICS, INC.**

**Defendants.**

www.pearsoned.com

**IN THE DISTRICT COURT**

HIDALGO-COUNTY, TEXAS

**93RD JUDICIAL DISTRICT**

**DEFENDANT J.B. HUNT TRANSPORT, INC.'S ORIGINAL ANSWER  
SUBJECT TO MOTION TO TRANSFER VENUE**

Defendant, J.B. Hunt Transport, Inc., (“Defendant”), subject to its Motion to Transfer Venue, makes and files this Original Answer to Plaintiff’s Original Petition and in support thereof would show as follows:

I.

## GENERAL DENIAL

1. Defendant denies each and every, all and singular, the allegations asserted by Plaintiff and demand strict proof thereof, reserving Defendant's right to assert any additional defenses or claims which may be available to it.

DEFENDANT J.B. HUNT TRANSPORT, INC.'S ORIGINAL ANSWER  
SUBJECT TO MOTION TO TRANSFER VENUE

PAGE 1

DATE \_\_\_\_\_

A true copy I certify

LAURA HINOJOSA

District Clerk, Hidalgo County, Texas

By

Deputy#34

II.

**ADDITIONAL DEFENSES**

2. For further answer, if necessary, Defendant would show that Plaintiff failed to exercise that degree of care that would have been exercised by an ordinarily prudent person under the same or similar circumstances, and such failure to exercise care was a producing or proximate cause, or the sole proximate cause, of the incident made the basis of this suit and all of the Plaintiff's alleged injuries and damages.

3. For further answer, if necessary, Defendant would show that the accident complained of in Plaintiff's Original Petition was an unavoidable accident over which the Defendant had no control, or in the alternative, it was beyond the reasonable control or foreseeability of the Defendant to prevent.

4. For further answer, if necessary, Defendant pleads that the alleged injuries, if any, to Plaintiff, were not caused by any act of negligence, either of omission or commission, on the part of Defendant, but to the contrary, such injuries and damages alleged by Plaintiff were directly and proximately caused by an intervening or superseding act or event, unforeseeable to Defendant and over which Defendant had no control, and for which Defendant should not be held liable.

5. For further answer, if necessary, Defendant pleads that the alleged injuries, if any, to Plaintiff were not caused by any act of negligence, either omission or commission, on the part of Defendant, but to the contrary, such injuries and damages alleged by Plaintiff were directly and proximately caused by the negligence of a third-party, over whom Defendant had no control and for which Defendant should not be held liable.



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Hidalgo County District Clerks  
Reviewed By: Irene Caceres

6. For further answer, if necessary, Defendant pleads the alleged injuries, if any, were the result of a sole proximate cause of a third party.

7. Defendant further pleads that Plaintiff's claims are barred, in whole or in part, because of Plaintiff's failure to mitigate his damages.

8. For further answer, if necessary, Defendant pleads the alleged incident and alleged injuries, if any, were caused by an act of God.

**PRAYER**

WHEREFORE, PREMISES CONSIDERED, Defendant requests that upon final hearing, the Court enter an order that Plaintiff take nothing by way of his claims, that Defendant recover its attorney's fees and costs, and such other and further relief both at law and in equity to which Defendant may be justly entitled.

Respectfully submitted,

By: /s/ Michael C. Wright  
Michael C. Wright  
Texas Bar No. 22049807  
[mwright@rwtrial.com](mailto:mwright@rwtrial.com)  
Steven L. Russell  
Texas Bar No. 17437040  
[srussell@rwtrial.com](mailto:srussell@rwtrial.com)  
**RUSSELL & WRIGHT, PLLC**  
15770 Dallas Parkway, Suite 1050  
Dallas, Texas 75248  
(972) 267-8400  
(972) 267-8401 (*facsimile*)

**ATTORNEY FOR DEFENDANT J.B. HUNT  
TRANSPORT, INC.**

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8/2/2021 8:44 AM  
Hidalgo County District Clerks  
Reviewed By: Irene Caceres

**CERTIFICATE OF SERVICE**

I certify that Defendant J.B. Hunt Transport, Inc.'s Original Answer Subject to Motion to Transfer Venue was served on all counsel of record via electronic transmission on August 2, 2021.

/s/ Michael C. Wright  
Michael C. Wright

A-14

CAUSE NO. C-1550-21-B

CHRISTOPHER PENNINGTON

*Plaintiff*

VS.

FEDEX GROUND PACKAGE SYSTEM, INC.;  
GG'S PRODUCE TRANSPORT, LLC; I GARZA  
LLC; J.B. HUNT TRANSPORT, INC.; RICH  
TRANSPORT, LLC; and GO TO LOGISTICS,  
INC.*Defendants.*§  
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IN THE DISTRICT COURT OF

HIDALGO COUNTY, TEXAS

93<sup>rd</sup> JUDICIAL DISTRICT

**DEFENDANT FEDEX GROUND PACKAGE SYSTEM, INC.'S SPECIAL  
APPEARANCE TO OBJECT TO JURISDICTION, AND SUBJECT THERETO,  
MOTION TO TRANSFER VENUE, SPECIAL EXCEPTIONS. ORIGINAL ANSWER,  
AND JURY DEMAND**

TO THE HONORABLE JUDGE OF THIS COURT:

COMES NOW Defendant FedEx Ground Package System, Inc. ("FedEx Ground") and files this, its Special Appearance to Object to Jurisdiction, and Subject Thereto, Motion to Transfer Venue, Special Exceptions, Original Answer, and Jury Demand in response to Plaintiff's Original Petition ("First Amended Petition") of Christopher Pennington. FedEx Ground would respectfully show the Court the following:

**I. SPECIAL APPEARANCE**

**A. Rule 120a.**

1. FedEx Ground files this Special Appearance under Rule 120a of the Texas Rules of Civil Procedure for the purpose of objecting to the personal jurisdiction of the Court over FedEx Ground. FedEx Ground makes this Special Appearance to the entire proceeding.

DATE

8/5/2021

A true copy I certify  
LAURA HINOJOSA

District Clerk, Hidalgo County, Texas

By

Deputy #34

2. FedEx Ground files this Special Appearance before filing any other plea, pleading, or motion, but “contained in the same instrument” with other pleas, pleadings, and motions as permitted by Rule 120a. TEX. R. CIV. P. 120a(1). Any plea, pleading, or motion filed contemporaneously or hereafter is strictly conditioned upon this Special Appearance, until the issue of personal jurisdiction is resolved.

3. Texas courts only have jurisdiction over a non-resident defendant when jurisdiction is (1) proper under the Texas long-arm statute and (2) consistent with federal and state due-process guarantees. *Old Republic Nat’l Title Ins. v. Bell*, 549 S.W.3d 550, 558 (Tex. 2018). The only question to be addressed in a special appearance is whether a Texas court can constitutionally exercise jurisdiction over the defendant. *Kawasaki Steel Corp. v. Middleton*, 699 S.W.2d 199, 202 (Tex. 1985). If the defendant produces sufficient evidence negating the jurisdictional grounds pleaded by a plaintiff, the burden shifts to the plaintiff to show that the Court has jurisdiction over the defendant. *M.G.M. Grand Hotel, Inc. v. Castro*, 8 S.W.3d 403, 408 (Tex. App.—Corpus Christi 1999, no pet.).

4. This Court does not have personal jurisdiction over FedEx Ground for the following reasons:

- (a) FedEx Ground is not and has never been a resident of Texas or at home in Texas;
- (b) FedEx Ground does not have minimum contacts with Texas so as to permit long-arm jurisdiction; and
- (c) the exercise of personal jurisdiction by this Court over FedEx Ground would offend traditional notions of fair play and substantial justice and deprive FedEx Ground of due process guaranteed by the United States Constitution.

**B. FedEx Ground is Not a Texas Resident**



5. FedEx Ground is incorporated in the state of Delaware and has its principal place of business located in Moon Township, Pennsylvania.

**C. Plaintiff has not pleaded any basis for the exercise of long-arm jurisdiction over FedEx Ground.**

6. “The plaintiff bears the initial burden of pleading sufficient allegations to bring a nonresident defendant within the provisions of the long-arm statute.” *BMC Software Belgium, N.V. v. Marchand*, 83 S.W.3d 789, 793 (Tex. 2002); *Kelly v. Gen. Interior Const., Inc.*, 301 S.W.3d 653, 658-59 (Tex. 2010). “If the plaintiff fails to plead facts bringing the defendant within reach of the long-arm statute (*i.e.*, for a tort claim, that the defendant committed tortious acts in Texas), the defendant need only prove that it does not live in Texas to negate jurisdiction.” *Kelly*, 301 S.W.3d at 658-59. To the extent a plaintiff attempts to plead jurisdictional facts, the defendant must allege and prove that it did not have sufficient contacts with Texas to justify a Texas Court’s claim of personal jurisdiction over it. *See BMC Software*, 83 S.W.3d at 795 (Tex. 2002); *Siskind v. Villa Found. For Educ., Inc.*, 642 S.W.2d 434, 438 (Tex. 1982). In order to accomplish this, the Defendant must show (1) that it did not purposely avail itself of the privilege of conducting activities within Texas and (2) any contacts it may have had with Texas do not give rise to specific or general jurisdiction. *See Moki Mac River Expeditions v. Drugg*, 221 S.W.3d 569, 575-76 (Tex. 2007); *Commonwealth Gen. Corp. v. York*, 177 S.W.3d 923, 925 (Tex. 2005). When determining whether it is consistent with federal constitutional requirements for a Texas court to assert in personam jurisdiction, the Court should rely on both Federal and Texas decisions. *BMC Software*, 83 S.W.3d at 795.

7. The purposeful availment analysis is directed at determining whether a nonresident defendant's conduct and connection to Texas in relation to the suit are such that the defendant could reasonably anticipate being brought into court there. *Searcy v. Parex Res.*, 496 S.W.3d 58, 67 (Tex. 2016); *Moncrief Oil Int'l v. OAO Gazprom*, 414 S.W.3d 142, 152 (Tex. 2013). In this analysis, (1) only the defendant's contacts with Texas are considered – the unilateral activity of another party or a third person cannot constitute purposeful availment by the defendant, (2) the defendant's acts must have been purposeful rather than random fortuitous or attenuated, and (3) the defendant must have sought some benefit, advantage or profit by availing itself of the jurisdiction. *Old Republic Nat'l Title*, 549 S.W.3d , 559; *M&F Worldwide Corp. v. Pepsi-Cola Metro Bottling Co.*, 512 S.W.3d 878, 886 (Tex. 2017); *TV Azteca v. Ruiz*, 490 S.W.3d 29, 37-38 (Tex. 2016); *Moncrief Oil*, 414 S.W.3d at 151. The purposeful availment analysis looks to the Defendant's contacts with Texas itself, not its contacts with persons who reside there. *Old Republic Nat'l Title*, 549 S.W.3d at 561. Jurisdiction cannot reside on whether the defendant "directed a tort" at Texas or whether the plaintiff resided in Texas and felt the effects there. *See Michiana Easy Livin' Country, Inc. v. Holten*, 168 S.W.3d 777, 791-92 (Tex. 2005); *Vinmar Overseas Singapore PTE Ltd. v. PTT Int'l Trading PTE Ltd.*, 538 S.W.3d 126, 134 (Tex. App.—Houston [14th Dist.] 2017, pet. denied).

8. Plaintiff has only alleged a basis for general jurisdiction in the instant case. Specifically, that "[t]his Court has jurisdiction over the Defendants, as Defendants reside in, are registered to do business in Texas, and/or conduct continuous and systemic business activities in this state." Original Petition, § III. While Plaintiff has only alleged general jurisdiction as the basis for their claims, FedEx Ground is not subject to personal jurisdiction under either general or

specific jurisdiction theories. Further, there is no evidence that FedEx Ground purposely availed itself based on its contacts in the underlying action such that it would reasonably anticipate being brought into Court in Texas based on how the load was transported.

***a. FedEx Ground Did Not Purposefully Avail Itself of the Protection and Privilege of Texas' laws in Relation to Plaintiff's Claims***

9. Plaintiff's claims arise out of a massive pileup that occurred in Tarrant County on February 11, 2021 at approximately 6:00 a.m. that involved over 100 vehicles and stretched over almost half a mile of roadway. Plaintiff acknowledges that the accident was primarily a result of the weather conditions but bases his claims on the assertion that Defendants' liability stems solely from failing to take the weather conditions into account in controlling their speed and driving. Plaintiff's Original Petition, Section IV. Plaintiff then goes on to assert generalized claims of negligence against all Defendants without specifically alleging any jurisdictional or liability facts as to FedEx Ground. However, these generalized claims are improper in the specific case as there is no basis for either specific or general jurisdiction over FedEx Ground.

10. Rather, FedEx Ground's connection to Texas and the accident is as set forth in the Affidavit attached hereto. FedEx Ground contracted with Nolan Transportation Group, LLC ("Nolan") on August 4, 2020 to provide broker services to generally arrange for the transport of shipments that exceed the capacity of FedEx Ground's Transportation Service Providers or for other business reasons, (the "Broker Agreement"). Exhibit A. No aspect of the Broker Agreement was negotiated or executed in Texas and the agreement is governed by Pennsylvania law, not Texas law. Exhibit A; Exhibit A-1. Nolan's responsibilities under the Broker Agreement were to arrange for the transportation of freight with for-hire motor carriers that have been specifically approved by FedEx Ground as meeting the requirements set forth in the Broker Agreement.

Specifically, that the motor carrier (i) has a valid operating authority, (ii) does not have an unsatisfactory safety rating, and (iii) maintains the requisite insurance coverage. Before engaging any carrier, Nolan must submit the carrier to FedEx Ground for approval in relation to these requirements. Pursuant to the Broker Agreement, Nolan was prohibited from utilizing motor carriers for the transportation of FedEx Ground cargo that have not been approved for use by FedEx Ground. Nolan was further responsible for ensuring that any such Servicing Motor Carrier would perform all transportation services directly in equipment operating under the Servicing Motor Carrier's motor carrier authority and that in no event will such Servicing Motor Carrier co-broker, subcontract, or otherwise tender cargo to be transported by any third party. Exhibit A-1.

11. The Broker Agreement further required Nolan to get a contract with any such Servicing Motor Carrier that included said motor carrier's agreement to perform the transportation services directly with the equipment under its own authority and that it shall not co-broker, trip lease, or otherwise subcontract the transportation or handling of any shipment tendered to it pursuant to the Broker Agreement. Exhibit A-1.

12. In early February 2021, Nolan agreed to-broker transportation of a FedEx Ground branded trailer that originated in Portland, Oregon. In accord with the Broker Agreement, FedEx Ground was unaware of which motor carrier Nolan brokered the load to and was thus entitled to assume Nolan performed in accord with the Broker Agreement and selected an approved motor carrier. Exhibit A. Following the accident at issue, FedEx Ground became aware that the load was being transported by Simon Express, Inc., ("Simon"), at the time of the accident. *Id.* Simon was not an approved motor carrier, and contrary to the Broker Agreement with FedEx Ground, Nolan failed to request approval for Simon to act as a motor carrier. *Id.* Regardless, FedEx Ground

did not own, maintain, schedule, or operate the tractor involved in the accident on February 11, 2021. *Id.* Other than a delivery location and a due by date, all maintenance, operation, routing and scheduling issues were left in the control of the motor carrier selected by Nolan. *Id.*

13. Plaintiff's claims arise solely out of the operation and handling of the tractor at issue and claims regarding the drivers themselves. FedEx Ground did not select the motor carrier, did not select the drivers, did not own or maintain the tractor and had no control over the route or operation of the tractor. FedEx Ground's contacts in relation to this accident are limited solely to an out of state contract with an out of state company governed by Pennsylvania law to select another company to deliver a load by a certain date. In this particular instance, the motor carrier at issue was not even approved pursuant to the terms of the contract. These contacts do not demonstrate that FedEx Ground sought to avail itself of the protections and privileges of Texas law in any way.

***b. FedEx Ground is Not Subject to General Jurisdiction in Texas***

14. The Texas Supreme Court has recognized that general jurisdiction requires a more demanding minimum contacts analysis. *Spir Star AG v. Kimich*, 310 S.W.3d 868 (Tex. 2010). The United States Supreme Court has made this clear in the cases of *Daimler AG v. Bauman*, 571 U.S. 117 (2014), *Bristol-Myers Squibb Co. v. Superior Court of Cal., San Francisco County*, 137 S.Ct. 1773 (2017) and most recently *Ford Motor Co. v. Montana Eighth Judicial Dist. Ct.*, 141 S.Ct. 1017 (2021), wherein they have asserted the focus of the general jurisdiction inquiry is whether a defendant's affiliations are so continuous and systematic as to render it essentially "at home" in the forum state. A corporate defendant is not considered at home anywhere other than its state of incorporation or principal place of business absent exceptional circumstances. *See Id.*



The example most often cited by the U.S. Supreme Court for exceptional circumstances is *Perkins v. Benguet Consol. Mining Co.*, 342 U.S. 437 (1952) where the company at issue temporarily moved its principal place of business to Ohio as a result of World War II. *See Id.*

15. As previously discussed, FedEx Ground is at home in Delaware where it is incorporated and in Pennsylvania where it has its principal place of business. There are no exceptional circumstances such as a global war forcing FedEx Ground to move its principal place of business that would justify finding that FedEx Ground is “at home” in Texas. “Doing business,” even “a substantial amount of business,” is not a sufficient basis for the exercise of general personal jurisdiction. *See BNSF Ry. Co. v. Tyrrell*, 137 S. Ct. 1549, 1553–54 (2017) (holding defendant railroad was not subject to general personal jurisdiction in Montana, despite the fact that it maintained over 2,000 miles of track, employed more than 2,000 workers, and was “doing business” in Montana); *id.* at 1559 (“[I]n-state business, we clarified in *Daimler* and *Goodyear*, does not suffice to permit the assertion of general jurisdiction over claims like [the plaintiff’s] that are unrelated to any activity occurring in [the forum].”). Therefore the general jurisdiction basis for personal jurisdiction pled by Plaintiff does not serve to confer personal jurisdiction over FedEx Ground.

***c. FedEx Ground is Not Subject to Specific Jurisdiction Based Upon its Contacts with Texas in Relation to Plaintiff’s Claims.***

16. Plaintiff has failed to plead any basis for specific jurisdiction but would be unable to do so even should they choose make the attempt. When determining the existence of personal jurisdiction, courts “consider only the defendant’s contacts with Texas itself, not other parties’ contacts with Texas” and “assess each defendant’s contacts with Texas individually.” *FedEx Corp. v. Contreras*, No. 04-19-00757-CV, 2020 WL 4808721, at \*4 (Tex. App.—San Antonio Aug. 19, 2020, orig. proceeding) (citing *Old Republic Nat’l Title Ins. Co. v. Bell*, 549 S.W.3d 550,

561 (Tex. 2018); *PHC-Minden, L.P. v. Kimberly-Clark Corp.*, 235 S.W.3d 163, 172 (Tex. 2007)). Therefore, an allegation that “one or more of the Defendants” is subject to personal jurisdiction will never be sufficient to show that all defendants—or any particular defendant—are subject to personal jurisdiction. Specific jurisdiction requires that the plaintiff’s claims “ ‘must arise out of or relate to the defendant’s contacts’ with the forum.” *Ford Motor Co.*, 141 S.Ct. at 1025 citing *Bristol-Myers*, 582 U.S. at ----, 137 S.Ct. at 1780.

(i) *Plaintiff Has Failed to Plead Specific Jurisdiction*

17. Plaintiff has not alleged any connection between FedEx Ground’s alleged “business” in Texas and their causes of action. “When no such connection exists, specific jurisdiction is lacking regardless of the extent of a defendant’s unconnected activities in the State.” *Bristol-Myers*, 137 S. Ct. at 1776. ). As stated above, “[i]f the plaintiff fails to plead facts bringing the defendant within reach of the long-arm statute (*i.e.*, for a tort claim, that the defendant committed tortious acts in Texas), the defendant need only prove that it does not live in Texas to negate jurisdiction.” *Kelly*, 301 S.W.3d at 658-59.

18. Plaintiff fails to specify a single act—tortious or otherwise—that FedEx Ground actually performed within the State of Texas. Accordingly, Plaintiff has failed to bring FedEx Ground within the provisions of the long-arm statute. See TEX. CIV. PRAC. & REM. CODE § 17.042.

19. Plaintiff’s allegations directed at “All Defendants” or “Defendants,” are wholly inadequate to establish the existence of specific personal jurisdiction because courts “must . . . assess each defendant’s contacts with Texas individually.” *Contreras*, 2020 WL 4808721, at \*4 (citing *PHC-Minden, L.P. v. Kimberly-Clark Corp.*, 235 S.W.3d 163, 172 (Tex. 2007)). The

allegations in Section V of the Original Petition are also false with respect to FedEx Ground. *See* Exhibit A.

20. Taken together, the inadequacy of Plaintiff's jurisdictional allegations and FedEx Ground's nonresident status are sufficient grounds to dismiss FedEx Ground from this proceeding as the Court lacks personal jurisdiction over FedEx Ground.

(ii) *Plaintiff's Cannot Allege Facts Sufficient to Support Specific Jurisdiction*

21. Even if Plaintiff had made legally sufficient allegations, such allegations would be contradicted by the facts of this case.

22. "[F]or a nonresident defendant's forum contacts to support an exercise of specific jurisdiction, there must be a substantial connection between those contacts and the operative facts of the litigation." *Moki Mac River Expeditions v. Drugg*, 221 S.W.3d 569, 585 (Tex. 2007). There are no contacts between FedEx Ground and the State of Texas that are substantially connected to the litigation's operative facts. Although FedEx Ground employs personnel and maintains facilities in Texas, FedEx Ground's employees and facilities are not substantially connected to the operative facts of this litigation. *See* Exhibit A; *see also Bristol-Myers Squibb Co. v. Superior Court of California, San Francisco Cty.*, 137 S. Ct. 1773, 1776 (2017) ("When no such connection exists, specific jurisdiction is lacking regardless of the extent of a defendant's unconnected activities in the State.").

23. FedEx Ground did not consent to jurisdiction or avail itself of the privileges and protections of Texas law by registering with the Texas Secretary of State. *See, e.g., Contreras*, 2020 WL 4808721, at \*8 ("[W]e join our sister courts in declining to hold that a corporation

automatically subjects itself to general jurisdiction in Texas by registering to do business or appointing an agent for service of process here.” (citations omitted)); *see also* Exhibit A.

24. FedEx Ground did not own, maintain, schedule or operate the tractor allegedly involved in a collision on February 11, 2021. *See* Exhibit A. The allegations in Section V of the Original Petition are simply false with respect to FedEx Ground. *Id.*

25. FedEx Ground did not recruit, hire, train, qualify, supervise, schedule, or employ the driver allegedly involved in a collision on February 11, 2021. *See* Exhibit A. The drivers of the Simon tractor involved in the collision were not employees, agents, or representatives of FedEx Ground and were not acting within the course and scope of employment and/or agency for FedEx Ground at the time and place of the alleged incident on February 11, 2021. *Id.* FedEx Ground did not entrust a vehicle involved in the collision on February 11, 2021 to the alleged drivers of that vehicle or ratify the alleged actions of those drivers on February 11, 2021. *See* Exhibit A.

26. FedEx Ground’s involvement in the events alleged by Plaintiff was limited to requesting Nolan, pursuant to a general broker agreement, to arrange for shipment of cargo between Portland, Oregon and Fort Worth, Texas. Exhibit A. Nolan then selected and presumably contracted with, a common carrier to transport the cargo to Fort Worth. *Id.* FedEx Ground has learned since the accident that the carrier selected or at least the carrier that transported the load was not an approved motor carrier pursuant to the terms of its contract with Nolan. Presumably, that motor carrier owned, maintained, scheduled, and operated the tractor allegedly involved in a collision on February 11, 2021. *Id.* Likewise it is presumed, that motor carrier also recruited, hired, trained, qualified, supervised, scheduled, and employed the drivers involved in a collision on February 11, 2021. *Id.* More importantly, FedEx Ground did none of those things and exercised

no control over how they were done. All of FedEx Ground's communications regarding the cargo and arrangements for its transportation occurred outside of Texas, and FedEx Ground did not form any contracts in Texas regarding the transportation of the cargo. *Id.* Prior to February 11, 2021, FedEx Ground had no knowledge of the specific common carrier selected by Nolan or the route or timing used to transport the cargo from Portland to Fort Worth. *Id.*

27. Therefore, there is no factual basis for the exercise of specific jurisdiction over FedEx Ground that would satisfy the Texas long-arm statute and federal due process.

**D. Conclusion.**

28. FedEx Ground respectfully requests that this Special Appearance be set for hearing by the Court, that upon the hearing FedEx Ground's Special Appearance be sustained, and that the entire proceeding against FedEx Ground be dismissed for want of jurisdiction.

**II. MOTION TO TRANSFER VENUE**

29. In the event this Court finds that FedEx Ground is subject to the Court's jurisdiction then FedEx Ground specifically denies the venue facts pled by Plaintiff and asks this Court to reject venue in Hidalgo County, Texas and transfer this case to Tarrant County, Texas because Tarrant County, Texas is a proper venue under Texas's General Venue Statute.

30. In an attempt to engage in forum shopping, Plaintiff has invoked the jurisdiction of Hidalgo County despite the fact that his claims have little, if any, connection to this county. Instead, Plaintiff's claims arise out of an accident that was part of a series of accidents covering approximately half a mile of toll road in Tarrant County, Texas. Plaintiff's venue claim is based solely upon the assertion that one or more of Defendants resides in this County. Original Petition, § III. Defendant GG's Produce Transport, LLC and I Garza, LLC's ("Defendant GG") principal



place of business is allegedly located in Hidalgo County, Texas. *Id.* However, this is clear evidence of Plaintiff's attempt to manipulate venue as Plaintiff cannot possibly have legitimate claims against Defendant GG or I Garza as, based on physical evidence available, no acts or omissions by Defendant GG or I Garza could have caused or contributed to the injuries claimed by Plaintiff.<sup>1</sup>

**A. Factual summary.**

31. On February 11, 2021, a multi-vehicle accident occurred on the expressway of Interstate 35 West in Tarrant County, Texas. Plaintiff allege he was driving on the expressway of Interstate 35 West in Fort Worth, Texas when he was caused to be involved in a catastrophic accident. Original Petition, § IV. Defendants GG and I Garza were also involved in the accident, but not with the Plaintiff's vehicle directly or indirectly.

**B. Argument.**

32. Plaintiff claims venue is proper as one or more Defendants resides in Hidalgo County, Texas, but only assert Defendant GG and I Garza maintain such a principal place of business. As the Court is aware, if no mandatory venue provision applies, a suit must be brought in one of the following counties:

- a. In the county in which all or a substantial part of the events or omissions giving rise to the claim occurred;

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<sup>1</sup> One Court has already noted the break in causation between vehicles in the first cluster (Defendants GG and I Garza) versus vehicles in the third cluster (Plaintiff Pennington). In remanding a separate action, Judge Micaela Alvarez noted "While the Court agrees that the location of the vehicles or potential intervening causes may preclude recovery as to Defendant GG's Produce, it cannot say the same about Defendant Carlos Ruvalcaba without delving into the merits of the case." Exhibit B, Order of Remand.

- b. In the county of defendant's residence at the time the cause of action accrued if the defendant is a natural person; or
- c. In the county of defendant's principal office in this state, if the defendant is not a natural person.

TEX. CIV. PRAC. & REM. CODE §15.002(a).

33. In this case, Plaintiff is relying solely upon subsection (c) above and based solely upon Defendants GG and I Garza. FedEx Ground acknowledges that generally speaking, a plaintiff retains the right to invoke the venue of its choice, something which plaintiffs often employ to their advantage by selecting venues with little attachment to the case but which they perceive as favorable. *See Garza v. Garcia*, 137 S.W.3d 36, 43 (Tex. 2004); *see also*, Lawrence Morales, "Isn't that Convenient? Texas Venue Transfers Based on Convenience after *Garza v. Garcia*," 57 Baylor L. Rev. 905, 906 (2005). However, if a plaintiff selects an improper venue, then the initial court must transfer the action to a county of proper venue upon objection by a defendant. *See In re Team Rocket, L.P.*, 256 S.W.3d 257, 259 (Tex. 2008); TEX. R. CIV. P. 87. Thus, while Plaintiff does get to pick first, FedEx Ground gets to correct the mistake if Plaintiff chooses to spurn that right by selecting a perceived more favorable, although improper, venue. *See Garza v. Garcia*, 137 S.W.3d at 43.

34. Texas Rules of Civil Procedure 86 and 87 govern motions to transfer venue. Under Rule 87(2)(b), once a defendant challenges a plaintiff's venue choice the plaintiff must present prima facie proof that venue is proper. *See Moveforfree.com, Inc. v. David Herrick, Inc.*, 288 S.W.3d 539, 541 (Tex. App—Houston [14th Dist] 2009, no pet).

The purpose of this requirement is to establish the good faith of the plaintiff in joining the resident defendant. The theory is that proof of a cause of action against

the resident defendant is necessary to establish that the resident defendant is not joined fraudulently or collusively for the purpose of maintaining venue against the nonresident defendant.

*Von Scheele v. Kingler-Morris Gen. Contractors, Inc.*, 532 S.W.2d 375, 380-81 (Tex. App.—Dallas 1975, writ dismissed).

35. A defendant can request the court transfer venue for fraudulent venue if the defendant shows: (1) that plaintiff did not have a valid cause of action and (2) that plaintiff knew or should have known this fact at the time of filing suit. *See Sun Oil Co. (Delaware) v. Hall*, 566 S.W.2d 696, 698 (Tex. Civ. App.—Austin-1978, no writ). Here, there is evidence of such behavior on the part of the Plaintiff. This scenario is precisely the scenario contemplated by *ACF Indus., Inc. v. Carter*, 903 S.W.2d 423 (Tex. App.—Texarkana 1995), writ dismissed by agreement (Oct. 5, 1995), where that Court stated:

At trial, [Plaintiff's] attorneys offered no evidence whatsoever to substantiate a cause of action against [fraudulent venue defendant]. During the trial, the trial court directed a verdict in favor of [fraudulent venue defendant] because of the absence of any evidence against him. That ruling was not challenged on appeal. Looking at the entire record, including the trial evidence, we conclude that [fraudulent venue defendant] was not a proper defendant in the trial. Venue in Harrison County was therefore improper. . . . The improper venue error requires reversal.

*Id.* at 424.

36. The case of *Pines of Westbury* further illustrates the application of this principle. *See Pines of Westbury, Ltd. v. Paul Michael Const, Inc.*, 993 S.W.2d 291 (Tex. App.—Eastland 1999, no writ). In *Pines of Westbury*, the trial court granted summary judgment in favor of the only defendant whose presence made venue in Dallas County proper. The opinion held that the summary judgment in favor of that defendant destroyed proper venue in Dallas County and made the trial court's denial of another defendant's motion to transfer improper. *Id.* at 293. Thus, the

question at issue here is whether Plaintiff has properly pleaded a cause of action against Defendant GG and I Garza. *Cf. In re Valetullo*, 976 S.W.2d 893 (Tex. App—Austin 1998, no pet); *In re TXDOT*, 218 S.W.3d 74, 78-79 (Tex. 2007); *Acker v. Denton Publ'g Co.*, 937 S.W.2d 111 (Tex. App—Fort Worth 1996, no writ); TEX. CIV. PRAC. & REM. CODE § 15.002. A cause of action consists of a plaintiff's primary right and the defendant's act or omission that violated that right. *See Jones v. Ray*, 886 S.W.2d 817, 821 (Tex. App—Houston [1st Dist.] 1994, no writ). To be properly pleaded, the trial court must be able to determine with reasonable certainty the elements of the cause of action and the relief sought. *See Stoner v. Thompson*, 578 S.W.2d 679, 683 (Tex. 1979). The pleadings must describe the claim in sufficient detail from which the defendant can ascertain the controversy and the evidence that might be relevant to controvert the claim. *See Low v. Henry*, 221 S.W.3d 609, 612 (Tex. 2007). Most importantly, the plaintiff must identify a valid legal basis supporting the defendant's liability; a plaintiff has no right to recover against a defendant who did not breach a legal duty it owed to the plaintiff. *See El Chico Corp. v. Poole*, 732 S.W.2d 306, 311 (Tex. 1987, superseded by statute on other grounds) citing *Abalos v. Oil Development Co.*, 544 S.W.2d 627, 631 (Tex. 1976).

37. In the present instance, Defendant GG/I Garza was located near the front of the pileup approximately ½ a mile away from where Plaintiff ran into other vehicles and himself became part of the pileup. Plaintiff is claiming that Defendant GG/I Garza somehow owed a duty to prevent Plaintiff from crashing into other vehicles on the roadway approximately half a mile away. This duty simply does not exist under Texas law. As such, Plaintiff's claims against Defendant GG/I Garza are fraudulent and thus insufficient to support venue in Hidalgo County.

38. As a result of Plaintiff's failure to invoke venue in a proper county, this Court must transfer venue to a county of proper venue. Under TEX. CIV. PRAC. & REM. CODE § 15.002(a)(1), venue is proper in the county in which all or a substantial part of the events and conditions giving rise to the claims at issue occurred. The motor vehicle accident of which Plaintiff complains occurred entirely within Tarrant County. Therefore, FedEx Ground respectfully requests that the Court transfer this matter to Tarrant County.

**C. Alternatively, this case should be transferred based on convenience and justice.**

39. In the event this Court finds that Plaintiff has properly invoked venue in Hidalgo County, FedEx Ground requests that the Court transfer this matter to Tarrant County based upon the convenience of the parties under TEX. CIV. PRAC. & REM. CODE § 15.002(b). Specifically, § 15.002(b) states:

(b) For the convenience of the parties and witnesses and in the interest of justice, a court may transfer an action from a county of proper venue under this subchapter or Subchapter C to any other county of proper venue on motion of a defendant filed and served concurrently with or before the filing of the answer, where the court finds:

- (1) maintenance of the action in the county of suit would work an injustice to the movant considering the movant's economic and personal hardship;
- (2) the balance of interests of all the parties predominates in favor of the action being brought in the other county; and
- (3) the transfer of the action would not work an injustice to any other party.

40. In the present case, convenience and justice dictate that venue be in Tarrant County, Texas. The accident at issue involves over 100 vehicles; issues concerning design, construction, maintenance, operation, and preparation of the toll road at issue; dozens of companies; and over 100 individuals from all over the country. Exhibit C, Peace Officer's Crash Report. The initial response to the accident, investigation, and most of the initial medical treatment for individuals involved in the accident was conducted by authorities in Tarrant County and witnesses located in



Tarrant County. According to the Peace Officer's Crash Report, 81 of the 113 drivers identified in the report live in Tarrant County (this includes Plaintiff Christopher Pennington). The sheer scope of the number of witnesses, potential claimants, and evidence would make even a relatively short distance significant, and the distance between Hidalgo and Tarrant Counties is not short. In fact, Hidalgo County, Texas is approximately 490 miles (about 7.5 driving hours) away from the scene of the incident and the hundreds of individuals involved in the accident and hundreds of individuals involved in responding to the accident and providing treatment for those involved.

41. The distance between where all of the principal events and people are in this accident and Hidalgo County is particularly significant given the 150 mile subpoena range limit imposed by Tex. R. Civ. P. 176.3. Litigating this matter in Hidalgo County would impose a substantial and undue burden upon all of the litigants and particularly the witnesses during the discovery phase and in any trial of this matter.

42. Perhaps the most important consideration under this analysis is that of justice. This accident occurred as a result of icing conditions that arose rapidly over a nearly half-mile long stretch of toll road located entirely within Tarrant County, Texas. The construction, operation, and maintenance of this toll road occurred entirely within Tarrant County and is specifically intended to be a roadway that is attractive to Tarrant County residents to use. The citizens of Tarrant County have the strongest possible interest in ensuring that their roads are properly designed, constructed, maintained, and operated. The witnesses, the police officers involved in the investigation, and all of the emergency service professionals who helped those involved in the crash also deserve to have the most convenient venue possible as all of the myriad claims that can be anticipated from this accident serve to further disturb their lives.

43. Further, transferring this matter will not work an injustice on Plaintiff as he lives there and it certainly will not act an injustice upon Plaintiff's counsel who constantly handle cases throughout Texas.

44. As discussed above, the only connection to Hidalgo County here is that of two related defendants that could not have proximately caused Plaintiff's injuries. Comparatively, the interests of the citizens of Tarrant County, the location of hundreds of witnesses, the evidence, and the important future considerations regarding the toll road's operation far outweigh the tenuous connection alleged by Plaintiff. Therefore, FedEx Ground respectfully submits that justice and the convenience of the witnesses and parties requires that this matter be transferred to Tarrant County for resolution.

### **III. SPECIAL EXCEPTIONS**

Subject to its special appearance, FedEx Ground hereby makes the following special exceptions:

45. FedEx Ground hereby specially excepts to Section V "Causes of Action" for failing to identify the specific "applicable state and federal rules and regulations, including but not limited to the Federal Motor Carrier Safety Regulations" that Plaintiff alleges FedEx Ground breached or failed to follow in any way. FedEx Ground respectfully requests that Plaintiff be ordered to replead and specifically identify the rules, statutes, and regulations at issue, or upon a failure to do so, that the Court dismiss this claim with prejudice.

46. FedEx Ground hereby specially excepts to Section VI "Damages" wherein Plaintiff asserts a claim for Exemplary Damages because Plaintiff's has failed to identify any specific factual allegations which support a gross negligence claim as opposed to a simple negligence claim.

FedEx Ground respectfully requests that Plaintiff be ordered to replead to assert which specific facts they are claiming go beyond a simple negligence claim to justify a claim for gross negligence or, upon a failure to do so, that the Court dismiss Plaintiff's claims for gross negligence with prejudice.

**IV. GENERAL DENIAL**

47. Subject to its special appearance, FedEx Ground, expressly reserving its rights pursuant to TEX. R. CIV. P. 92, 93, 94, 97, 98, and 120a to have its special appearance adjudicated before any other matter and, subject thereto, to file special exceptions, affirmative defenses, counterclaims, cross-claims, and third-party claims, following appropriate investigation and discovery, denies each and every, all and singular, the allegations contained in the First Amended Petition, and any amendments and supplements filed thereto and demands strict proof thereof by a preponderance of the credible evidence as required by the Constitution and Laws of the State of Texas.

**V. VERIFIED PLEAS**

Subject to its special appearance, FedEx Ground hereby makes the following verified pleas:

48. At the time of the accident forming the basis of this lawsuit, the operators of the tractor pulling the FedEx Ground trailer were not employed by FedEx Ground.

49. FedEx Ground denies that the operators of the tractor pulling the FedEx Ground trailer were acting in the course and scope of their employment with FedEx Ground and also denies any allegations that they were employees of FedEx Ground.

50. FedEx Ground denies that FedEx Ground owned the tractor that was pulling the FedEx Ground trailer at the time of the incident made the basis of this lawsuit. Rather, the tractor was owned, operated and/or leased by an entity/entities over whom FedEx Ground had no control.

**VI. AFFIRMATIVE DEFENSES**

Subject to its special appearance, FedEx Ground hereby asserts the following affirmative defenses:

51. By way of further answer, FedEx Ground would show this Court that Plaintiff's claims are barred, in whole or in part, because the occurrence and injuries, if any, made the basis of this lawsuit were proximately caused by the failure of Plaintiff to exercise ordinary care for Plaintiff's own safety and the safety of others on the occasion in question. Plaintiff's failure represents the sole proximate cause of such occurrence or, in the alternative, a proximate cause of the occurrence in question.

52. By way of a separate or affirmative defense, FedEx Ground would show that Plaintiff's claims are barred or preempted, in whole or in part, by federal law including but not limited to Title 49 of the United States Code, 49 U.S.C. §§ 41713 and 14501, and Title 49 of the Code of Federal Regulations.

53. By way of a separate or affirmative defense, FedEx Ground contends that Plaintiff's negligence, or the negligence of a third party for which FedEx Ground is not responsible, was the sole and/or a proximate cause of the occurrence in question.

54. By way of a separate or affirmative defense, FedEx Ground would show that FedEx Ground is not liable for any condition resulting from the failure, if any, of Plaintiff to act as persons

of ordinary prudence would have acted under the same or similar circumstances in caring for and treating Plaintiff's injuries, if any, that resulted from the occurrence in question.

55. By way of a separate affirmative defense, FedEx Ground contends that Plaintiff's "right" to recover medical expenses is limited by the provisions of TEX. CIV. PRAC. & REM. CODE § 41.0105. The amount Plaintiff was "billed" for the medical treatment received by him post-accident is in excess of the amounts actually paid or incurred. Thus, recovery of medical or health care expenses incurred by Plaintiff is limited to the amount actually paid or incurred by or on behalf of Plaintiff.

56. FedEx Ground further pleads the affirmative defense and/or provisions set forth in Section 18.091 of the Texas Civil Practices & Remedies Code, requiring Plaintiff to prove Plaintiff's loss of earnings and/or loss of earning capacity in the form which represents net loss after reduction for income tax payments or unpaid tax liability on said loss of earnings claim pursuant to federal income tax law. *See* TEX. CIV. PRAC. & REM. CODE § 18.091. Additionally, FedEx Ground requests that the Court instruct the jury as to whether any recovery for compensatory damages sought by Plaintiff, if any, is subject to federal or state income taxes.

57. Further, FedEx Ground requests that the Court and Jury consider the relative damages and conduct of the parties and all alleged tortfeasors, including Plaintiff, and accord FedEx Ground the full benefit of TEX. CIV. PRAC. & REM. CODE ANN. Chapter 33, which includes, but is not limited to, proportionate responsibility and contribution.

58. Pleading further, alternatively, and by way of affirmative defense, FedEx Ground would show, in the unlikely event that any liability is found on the part of FedEx Ground, that such



liability be reduced by the percentage of the causation found to have resulted from the acts or omissions of Plaintiff or any third parties.

59. Pleading further, alternatively, and by way of affirmative defense, FedEx Ground would state that in the unlikely event that an adverse judgment is rendered against it, FedEx Ground would respectfully request all available credits and/or offsets as provided by the Texas Civil Practice and Remedies Code and under Texas Law.

60. Should this case be submitted to a jury, FedEx Ground asks the Court to submit as instructions the following inferential-rebuttal defenses raised by the evidence:

- a. The collision was an unavoidable accident;
- b. The collision was the result of a sudden emergency; and
- c. The collision was the result of an Act of God.

61. By way of further answer, in the unlikely event FedEx Ground is found liable, then FedEx Ground affirmatively pleads it is entitled to a credit or offset for any and all sums Plaintiff has received or may hereafter receive by way of any and all settlements, loan receipts, or Mary Carter type agreements, arising from Plaintiff's claims and causes of action.

62. By way of further answer, FedEx Ground would show that it is entitled to an offset and/or credit for sums previously paid.

63. By way of further separate or affirmative defense, FedEx Ground pleads the provisions of Texas Civil Practice and Remedies Code § 41.008 in which exemplary damages awarded against a defendant may not exceed an amount greater than: (1)(a) two times the amount of economic damages; plus (b) an amount equal to any non-economic damages found by the jury, not to exceed \$750,000.00; or (2) \$200,000.00.

64. Further, FedEx Ground will show that the claim for exemplary damages is in violation of the Constitution of the United States and the Constitution of the State of Texas and should not be allowed against FedEx Ground for the following reasons, among others:

a. Any award of punitive damages would be arbitrary, unreasonable, excessive, and in violation of FedEx Ground's rights to due process of law and equal protection of the law under the Fifth, Eighth, and Fourteenth Amendments of the United States Constitution and Article I, Sections 13 and 19 of the Constitution of the State of Texas.

b. Punitive damages should be proved beyond a reasonable doubt or, in the alternative, be proven by a clear and convincing standard of proof. To allow an award of punitive damages based on a preponderance of the evidence constitutes a denial of due process.

c. Any award of punitive damages is criminal in nature and in this case may be awarded without the safeguards contemplated by the Fifth, Sixth, Eighth, and Fourteenth Amendments of the United States Constitution.

d. The award of punitive damages under Texas procedure constitutes excessive fines in violation of the Eighth and Fourteenth Amendments of the United States Constitution.

e. The award of punitive damages makes it possible to take the property of FedEx Ground without due process of law.

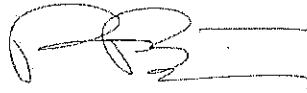
## **VII. JURY DEMAND**

65. Subject to its special appearance, FedEx Ground respectfully requests a trial by jury. The jury fee is being tendered in accordance with the filing of this Answer subject to FedEx Ground's special appearance and motion to transfer venue.

## **VIII. PRAYER**

WHEREFORE, PREMISES CONSIDERED, and subject to its special appearance, FedEx Ground-prays that Plaintiff take nothing, that FedEx Ground be discharged, that FedEx Ground be awarded its costs of Court, and for all further relief, both general and special, at law and in equity to which FedEx Ground may show itself justly entitled.

Respectfully submitted,  
HARTLINE BARGER, LLP



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System, Inc.*

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**CERTIFICATE OF SERVICE**

On the 8th day of August, 2021, I electronically submitted the foregoing document with the clerk of the District Court in Hidalgo County, Texas, using an Electronic Filing System Provider (EFSP). I hereby certify that I have served all counsel and/or pro se parties of record electronically and/or by another manner authorized by Texas Rule of Civil Procedure 21a:

Kurt Arnold  
Texas Bar No. 24036150  
Kyle Findley  
Texas Bar No. 24076382  
Adam Lewis  
Texas Bar No. 24094099  
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karnold@arnolditkin.com  
kfindley@arnolditkin.com  
alewis@arnolditkin.com

*Attorneys for Plaintiff*



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Peter C. Blomquist

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# EXHIBIT “A”





5. On August 4, 2020, FXG entered into a 36-month Broker Agreement with Nolan, an Atlanta-based company authorized to operate as a broker in interstate and intrastate commerce, to arrange for transportation services as may be required by FedEx Ground to service its customers. A true and correct copy of that agreement with some redaction is attached hereto as **Exhibit A**.

6. No aspect of the Broker Agreement was negotiated or executed in Texas, and the Broker Agreement is not governed by Texas law.

7. Pursuant to the Broker Agreement, Nolan arranges for the transport of freight with for-hire motor carriers that have been specifically approved by FedEx Ground as meeting the requirements set for the in the Broker Agreement, that is, (i) has a valid operating authority, (ii) does not have an unsatisfactory safety rating, and (iii) maintains the requisite insurance coverage. Before engaging any motor carrier, Nolan must submit the carrier to FedEx Ground for approval. Nolan is prohibited from utilizing motor carriers for the transportation of FedEx Ground cargo that have not been approved for use by FedEx Ground. Once approved, Nolan may continue to use such carrier without additional notice to FedEx Ground.

8. FedEx Ground contracts with Veroot to monitor approved carriers Department of Transportation registration and safety rating. If a carrier falls out of compliance with the required registration or safety rating, FedEx Ground receives notice and the carrier is no longer approved for engagement by Nolan.

9. Further, Nolan was contractually responsible for ensuring that the approved motor carrier ~~perform all transportation services~~ under that motor carrier's operating authority, and that the approved motor carrier would not co-broker, subcontract, or otherwise tender cargo to a motor carrier that had not been approved by FedEx Ground.

10. In early February 2021, Nolan agreed to broker a FedEx Ground-branded trailer load that originated in Portland, Oregon. Prior to the subject accident, and consistent with the Broker Agreement, FedEx Ground was unaware of which approved motor carrier Nolan had arranged to transport the cargo. Upon information and belief, Nolan contracted with Iso Rizo (DOT #318252), a motor carrier previously approved under the Broker Agreement between FedEx Ground and Nolan, to transport the cargo from Portland to Fort Worth.

11. However, following the subject accident on February 11, 2021, FedEx Ground became aware that Simon Express, Inc. ("Simon") had been transporting the trailer load at the time of the accident. Nolan had never requested approval for Simon as a carrier under the Broker Agreement, and in fact, FedEx Ground has no record that Simon was ever approved to provide services under the Broker Agreement.

12. Based upon information that has been gathered thus far, the load was being driven by Jean Marie Saint Lot and Franz Clement. On February 11, 2021, the date of the accident, neither driver was an employee and/or agent of FedEx Ground. FedEx Ground was unaware that they were the individuals driving the load pursuant to the terms of the Broker Agreement with Nolan.

13. FedEx Ground did not own, maintain, or operate the tractor allegedly involved in the subject accident on February 11, 2021. Maintenance, operation and scheduling issues were left in the control of the motor carrier selected by Nolan. FedEx Ground only provided a delivery location and delivery date. In this instance, the load was to be delivered to a FedEx Ground facility at 1101 E. Cleveland Road, Hutchinson, Texas 75141 for processing. According to FedEx Ground's tracking data, the load was intended to be dispatched on February 9, 2021 at 2:54 a.m. with an estimated arrival time of February 11, 2021 at 3:30 p.m. The load was actually dispatched on February 9, 2021 at 8:22 p.m. and its arrival estimate was updated to February 11, 2021 at 12:14

p.m. Based upon the time of accident, the drivers had approximately six hours to complete their journey from where the accident occurred in Fort Worth to the final destination. According to a quick google maps search, that drive would normally take less than an hour and covered only 45-50 miles. Details regarding route, operation, drivers, FMCSR compliance, training, equipment, and everything else regarding how to transport the load were solely within the hands of the motor carrier selected by Nolan.

14. FedEx Ground did not recruit, hire, train, qualify, supervise, direct, control or employ the drivers allegedly involved in the collision on February 11, 2021. The drivers allegedly involved in the collision were not employees, agents, or representatives of FedEx Ground and were not acting within the course and scope of employment and/or agency for FedEx Ground at the time and place of the February 11, 2021 incident.

15. FedEx Ground did not own, lease, rent, control, or entrust the tractor involved in the collision on February 11, 2021 to the drivers of that vehicle, or ratify the alleged actions of those drivers on February 11, 2021.

16. All of FedEx Ground's communications regarding its request that Nolan broker the transportation of the subject trailer load from Portland, and all of FedEx Ground's arrangements for the cargo's transportation occurred outside of Texas.

17. FedEx Ground had no contract with Simon, and did not form any contracts in Texas regarding the transportation of the subject trailer load.

18. None of the cargo from FedEx Ground's customers was being carried pursuant to a contract between FedEx Ground and a Texas resident.

19. At the time of the accident, FedEx Ground had no knowledge of the route used to transport the consolidated cargo from Portland to Fort Worth, the motor carrier that had been hired, the

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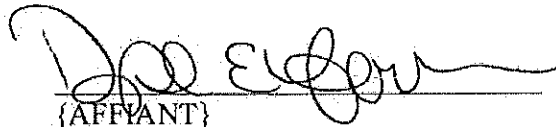
drivers who were driving the load, the scheduling or timing of the transportation, or who selected any of these listed items beyond Nolan being required to select an approved motor carrier.

20. The contract with Nolan attached hereto as **Exhibit A** is a type of business record with which I am familiar as part of my duties and responsibilities. It is in the regular course of FedEx Ground's business to make and keep such records. The record was made at or near the time of the events and conditions recorded therein by or from information transmitted by a person with knowledge of the events and conditions recorded therein. The record attached is the original and/or an exact duplicate of the original.

21. I have reviewed the factual statements contained in FedEx Ground's Special Appearance in the above styled and numbered cause and confirmed that they are within my personal knowledge and are true and correct.

22. Every statement contained in this affidavit is within my personal knowledge and is true and correct.

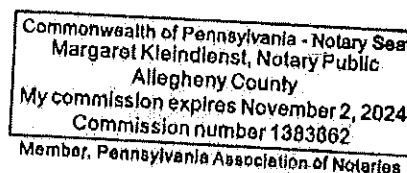
FURTHER AFFIANT SAYETH NOT.

  
{AFFIANT}

SWORN TO and SUBSCRIBED before me by Margaret Kleindienst on this  
2<sup>nd</sup> day of August, 2021.

  
NOTARY PUBLIC

My Commission Expires:





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Reviewed By: Alessandra Galvan

# EXHIBIT “A-1”

**AGREEMENT FOR BROKER SERVICES**

**THIS AGREEMENT FOR BROKER SERVICES** (the "Agreement") is made and entered into on August 4, 2020 by **FedEx Ground Package System, Inc. ("FXG")** and **Nolan Transportation Group, LLC ("BROKER")**.

**I.****Recitals**

**A.** FXG is a licensed provider of 3PL services, holding all relevant authorities, including interstate property brokerage authority issued by the Federal Motor Carrier Safety Administration ("FMCSA") that controls the transportation of freight under its contractual arrangements with customers (the "Customer");

**B.** BROKER is authorized to operate as a broker in interstate and/or intrastate commerce and is qualified, competent and available to arrange for transportation services as may be required by FXG to service its Customers.

**II.****Agreement****1. TERM AND TERMINATION.**

- a. The Term of this Agreement shall be for thirty-six (36) months; provided, however, that this Agreement may be terminated at any time without cause by giving thirty (30) days prior written notice. This Agreement is nonexclusive and does not grant BROKER an exclusive right to provide transportation related services for FXG or its Customers, nor does it obligate FXG to tender any minimum volume of freight to BROKER.
- b. FXG may additionally terminate this Agreement immediately upon written notice in any of the following events:
  - i. BROKER loses its operating authority or otherwise becomes disqualified to perform its obligations under this Agreement;
  - ii. BROKER breaches any covenant, obligation, condition, or requirement imposed upon it by this Agreement, and such breach continues for a period of ten (10) days after written notice thereof from FXG to BROKER;
  - iii. BROKER fails to procure and maintain any of the insurance coverages required by this Agreement; or

iv. BROKER breaches any obligations hereunder regarding SERVICING MOTOR CARRIERS.

c. BROKER may additionally terminate this Agreement immediately upon written notice if FXG breaches any covenant, obligation, condition, or requirement imposed upon it by this Agreement and such breach continues for a period of thirty (30) days after written notice thereof from BROKER.

2. **BROKER'S COMPLIANCE WITH LAW.** BROKER represents and warrants that it is duly and legally licensed under state and federal law to provide the property broker services contemplated herein. BROKER agrees to comply with all federal, state and local laws in arranging for the transportation services contemplated under this Agreement. The parties understand and agree that BROKER acts as an independent contractor in the selling, negotiating, providing and arranging for transportation services for compensation.

3. **PERFORMANCE OF SERVICES.** BROKER's services under this Agreement are specifically designed to meet the distinct needs of FXG under the specified rates and conditions set forth herein, and pursuant to the scheduled delivery times set forth in the Appendix to this Agreement or each Rate Confirmation Agreement provided by FXG. BROKER shall arrange for the transport of all shipments provided under this Agreement without delay, and all occurrences which would be likely to cause delay shall be immediately communicated to FXG by BROKER. BROKER further agrees that it shall use only those motor carriers ("SERVICING MOTOR CARRIERS") who meet the requirements and specifications provided by FXG for any shipments under this Agreement.

4. **SERVICING MOTOR CARRIERS.** BROKER shall ensure that all SERVICING MOTOR CARRIERS it utilizes for the transportation of cargo under this Agreement are for-hire motor carriers and fully authorized to perform services required hereunder in accordance with all applicable laws, rules and regulations. BROKER agrees not to have any services performed pursuant to this Agreement by a SERVICING MOTOR CARRIER without first obtaining FXG's approval of such SERVICING MOTOR CARRIER. BROKER will obtain the information stated in Appendix D from all SERVICING MOTOR CARRIERS and will provide that information to FXG when requesting FXG's consent to utilize a SERVICING MOTOR CARRIER. Within one (1) business day after receiving a request to utilize a SERVICING MOTOR CARRIER, FXG will approve or deny BROKER's use of the SERVICING MOTOR CARRIER. FXG's failure to provide a response within one (1) day period will be deemed a denial. In no event will any SERVICING MOTOR CARRIER selected or utilized by BROKER have an unsatisfactory safety rating or otherwise be prohibited from performing services for which it is hired by BROKER. BROKER will also ensure that the SERVICING MOTOR CARRIER has in effect at the time any cargo is tendered to such SERVICING MOTOR CARRIER the insurance coverages set forth in Section 5, and that the SERVICING MOTOR CARRIER is in full compliance with the contractual requirements set forth in Section 5. Likewise, BROKER is responsible to ensure that SERVICING MOTOR CARRIER performs all transportation services directly in Equipment operating under SERVICING MOTOR CARRIER's motor carrier authority, and that in no event will such SERVICING MOTOR CARRIER co-broker, subcontract, or otherwise tender cargo to be

transported by any third party. FXG reserves the right to prohibit at any time a specific motor carrier from providing services under this Agreement as a SERVICING MOTOR CARRIER.

5. **SERVICING MOTOR CARRIER OBLIGATIONS.** BROKER shall require, by written contract, that each SERVICING MOTOR CARRIER providing transportation services agree:

- a. That it is duly and legally licensed under applicable state, provincial and federal law to provide any transportation services required under this Agreement, that it does not have an unsatisfactory safety rating issued by the United States Department of Transportation ("DOT") or any state or provincial authority with jurisdiction over its operations, that it will comply with all applicable federal, state, provincial and local laws, and that it expressly waives any and all rights and remedies under Subtitle IV Part B of 49 U.S.C. (as allowed by § 14101) to the extent such rights and remedies conflict with the terms and conditions of its agreement with BROKER.
- b. That it is performing services pursuant to contract and that in no event shall any provision in any tariff, service guide, bill of lading, delivery receipt, or other shipment documentation apply to services performed with respect to shipments tendered by or to FXG.
- c. That it will obtain a receipt showing the kind and quantity of product delivered to the consignee of each shipment at the destination and cause such receipt to be signed by the consignee.
- d. That it will, at its sole cost and expense: (i) furnish all equipment necessary to service shipments tendered under this Agreement (the "Equipment"); (ii) pay all expenses related to the use or operation of the Equipment; (iii) maintain Equipment in good repair, mechanical condition and appearance; and (iv) utilize only competent, able and legally licensed personnel. It shall also have full control over such personnel and provide all services as an independent contractor and assume complete responsibility for all state and federal taxes, assessments, insurance (including, but not limited to, workers' compensation, unemployment compensation, disability, pension and social security insurance) and any other financial obligations arising out of the transportation services rendered pursuant to this Agreement. It shall also be solely responsible for the acts or omissions of any subcontractor used by it in providing services on shipments tendered under this Agreement.
- e. That it shall accept liability as a motor carrier under the Carmack Amendment (as currently codified at 49 U.S.C. § 14706 and as amended from time to time) for loss, damage, or delay to goods tendered by or to FXG regardless of whether such standard would apply in the absence of contract; that, regardless of any state, federal or provincial law limiting or allowing limitation of liability, no limitation of liability shall apply to any such shipment; and that it waives any right to

salvage goods (as well as any right to claim entitlement offset salvage value) tendered by or to FXG.

- f. That it will, at its sole cost and expense, procure and maintain during any period in which it handles shipments tendered by or to FXG:
- i. Commercial General Liability Insurance ("CGL") covering the transportation of shipments and other operations under this Agreement in an amount not less than \$1,000,000 (U.S. Dollars) per occurrence.
  - ii. Commercial Automobile/Trucking Liability Insurance ("AL") coverage with limits of not less \$1,000,000 (U.S. Dollars) per occurrence.
  - iii. All Risk Broad Form Motor Truck Cargo Legal Liability Insurance ("Cargo") in an amount not less than \$100,000 (U.S. Dollars) per occurrence. The coverage provided under this policy shall be primary and not be contingent to any other coverage and shall have no exclusions or restrictions of any type, including but not limited to any exclusion for the commodities being transported; and unattended vehicles or limitation of coverage when the trailer is unattached to the power unit, that would foreseeably preclude coverage for the tendered shipment.
  - iv. Workers' Compensation Insurance or analogous coverage with statutory limits (or compliance with monopolistic state funds).
- g. That all coverages set forth above shall be with reputable and financially responsible insurance companies with a rating of "B" Class VII or higher by A.M. Best FXG. Furthermore, if Carrier's certificates of insurance are to expire before the expiration of the Term of this Agreement, Carrier agrees to provide new or replacement certificates of insurance prior to the expiration of the then existing certificates of insurance. All policies shall be primary and non contributory. SERVICING MOTOR CARRIER shall agree to furnish to BROKER or FXG written certificates and copies of policy endorsements showing that such insurance and endorsements have been procured, is being properly maintained, the expiration date, and such certificates shall provide that FXG will be given written notice of any cancellation or termination in accordance with the policy provisions. SERVICING MOTOR CARRIER shall agree to provide BROKER with copies of the applicable insurance policies upon request.
- h. That it will take no action to assert or collect any transportation charges from FXG or its Customer for any transportation services provided on shipments tendered by or to FXG.
- i. That the manner of loading and securing cargo upon Equipment of SERVICING MOTOR CARRIER shall be the sole responsibility of SERVICING MOTOR CARRIER. SERVICING MOTOR CARRIER shall represent that each driver



utilized by it holds all requisite federal, state, and local licenses and that each such driver shall be competent to manage the loading and transportation of the cargo subject to this Agreement.

j. SERVICING MOTOR CARRIER shall agree to defend, indemnify, and hold harmless FXG and Customers from any and all direct or indirect claims, actions, losses, expenses, fines, fees, verdicts, judgments, or any other damages, obligations, or liabilities, including attorneys' fees, arising pursuant to the services provided by SERVICING MOTOR CARRIER.

k. That it will perform the transportation services directly with equipment under its own authority and that it shall not co-broker, trip lease, or otherwise subcontract the transportation or handling of any shipment tendered to it pursuant to this Agreement.

6. **RECEIPTS AND BILLS OF LADING.** Each shipment hereunder shall be evidenced by a Bill of Lading prepared by FXG or BROKER in such form and manner as acceptable to FXG. Such bill of lading shall act as a receipt only. Upon delivery of each shipment made hereunder, BROKER shall provide FXG with a signed receipt showing the kind and quantity of product delivered to the consignee of such shipment at the destination specified by FXG or the Customer. Any terms, conditions and provisions of any bill of lading, manifest, tariff, terms & conditions, or other form of receipt or transportation document associated with the transportation of goods tendered hereunder shall not be binding on FXG or its Customer. BROKER shall notify FXG immediately of any exception made on the bill of lading or delivery receipt.

7. **RATES AND PAYMENTS.**

a. Unless otherwise stated in a separate signed Rate Confirmation Agreement, BROKER will charge and FXG will pay the rates and charges as shown in Appendix A, Appendix B and Appendix C for transportation services performed under this Agreement.

b. If a Rate Confirmation Agreement is used it shall be signed and agreed to by BROKER and FXG before each shipment to which it applies. BROKER represents and warrants that there are no other applicable rates or charges except those established in this Agreement or in any Rate Confirmation Agreement signed by FXG.

c. Payment by FXG will be made within thirty (30) days of receipt by FXG of BROKER's freight bill, bill of lading, clear delivery receipt, and any other necessary billing documents enabling FXG to ascertain that service has been provided at the agreed upon charge.

d. In the event service is provided and it is subsequently discovered that there was no applicable rate in the existing Schedule of Rates or supplements, the parties

agree that the rate paid by FXG and collected by BROKER shall be the agreed upon contract rate.

- e. BROKER agrees that FXG has the exclusive right to handle all billing of freight charges to the Customer for the transportation services provided herein, and, as such, BROKER agrees to refrain from all collection efforts against the shipper, receiver, consignor, consignee or the Customer, unless such action is consented to by FXG in writing. BROKER will indemnify and hold harmless FXG and its Customers from any and all claims by SERVICING MOTOR CARRIERS or their subcontractors for such transportation charges. BROKER further agrees that FXG has the discretionary right to offset any payments owed to BROKER hereunder for liability incurred by BROKER.

8. **FREIGHT LOSS, DAMAGE OR DELAY.** In the event of a cargo loss, damage or shortage claim, BROKER's prevailing terms and conditions shall apply and all claims will be filed by FXG directly with the SERVICING MOTOR CARRIER. All valuations are declared solely for the purpose of conveying a valuation to the SERVICING MOTOR CARRIER. Upon FXG's request, BROKER may facilitate claims filing and processing with the SERVICING MOTOR CARRIER if FXG submits to BROKER, within six (6) months of the date of delivery, a written claim, fully supported by all relevant documentation, including but not limited to the signed delivery receipt, listing the nature and cause of the claim for cargo damage. FXG understands and agrees that the underlying SERVICING MOTOR CARRIER may have a limitation of liability in place that limits FXG's recovery with respect to such claims. BROKER may, in its sole discretion and without liability to FXG, discontinue pursuit of claims with the SERVICING MOTOR CARRIER if such claim is not resolved within sixty (60) days of receipt by BROKER. BROKER shall have no liability for cargo loss, non-delivery or late delivery damage, or shortage except to the extent such claims are caused by BROKER's negligent acts or omissions, in which event, BROKER's liability shall be limited to \$100,000 per truckload.

9. **INSURANCE.** BROKER shall procure and maintain, at its sole cost and expense, the following insurance coverages:

- a. Commercial General Liability Insurance covering the transportation of shipments and other operations under this Agreement in an amount not less than \$1,000,000 (U.S. Dollars) per occurrence.
- b. All Risk Broad Form Motor Truck Cargo Legal Liability insurance or Contingent Truck Cargo Legal Liability Insurance in an amount not less than \$100,000 (U.S. Dollars) per occurrence. Such insurance policy shall provide coverage to FXG, the Customer or the owner and/or consignee for any loss, damage or delay related to any property for transportation services arranged for or provided by BROKER under this Agreement. The coverage provided under this policy shall have no exclusions or restrictions of any type, including but not limited to any exclusion for the commodities being transported, electronics or other delicate or high value products; and unattended vehicles or limitation of coverage when the trailer is unattached to the power unit that would foreseeably preclude coverage for the

tendered shipment. If the coverage is contingent coverage, it shall apply regardless of whether the SERVICING MOTOR CARRIER actually maintains cargo coverage, and regardless of whether the SERVICING MOTOR CARRIER's coverage excludes coverage for the loss in question.

- c. Workers' Compensation Insurance coverage as required by applicable law and Employer Liability with limits not less than \$100,000 or compliance with monopolistic state funds.
- d. All coverages required herein shall be with a reputable and financially responsible insurance FXG with "B" Class VII or higher by A.M. Best FXG, name FXG as an additional insured for coverage (a) above and as a loss payee for coverage (b) above, waive any rights of subrogation and include an endorsement that such coverage shall be primary and non-contributory to any other insurance obtained by FXG or its Customers.
- e. BROKER shall furnish to FXG written certificates and copies of policy endorsements showing that such insurance and endorsements have been procured, are being properly maintained and the expiration date. Such certificates shall provide that FXG will be given written notice of any cancellation or termination in accordance with the policy provisions. BROKER shall also provide copies of endorsements naming FXG as additional insured or loss payee as applicable. Upon request, BROKER shall provide FXG with copies of the applicable insurance policies.

10. **INDEMNITY**. BROKER shall defend, indemnify, and hold FXG and its customer harmless from and against all direct or indirect loss, liability, damage, claim, fine, cost or expense, including reasonable attorney's fees, arising out of or in any way related to the arranging and performance of transportation services on shipments tendered under this Agreement or breach of this Agreement (collectively, the "Claims"), including, but not limited to, Claims for or related to personal injury (including death), property damage, employment status or benefits, selection of SERVICING MOTOR CARRIERS and the possession, use, maintenance, custody or operation of the Equipment providing transportation services; provided, however, that BROKER's indemnification and hold harmless obligations under this paragraph will not apply to any portion of such claim attributable to the negligence of FXG.

11. **CONFIDENTIALITY**. Any proprietary specifications, samples, designs, trade secrets, patents, financial data, or other information that a party identifies as confidential and discloses to the other party in connection with this Agreement will: (a) remain the exclusive property of the disclosing party; (b) be kept confidential by the receiving party; and (c) not be disclosed to any third party or used except for the purposes of the services pursuant to this Agreement. Confidential information will also be deemed to include, without limitation, the confidential and proprietary information of any entity owning all or a majority of the disclosing party's outstanding corporate stock or other ownership interests ("Parent Corporation") and of any entity a majority or all of whose corporate stock or other ownership interests is owned, directly or indirectly, by the Parent Corporation ("Affiliate"), whether such confidential

information is provided to the receiving party by the disclosing party, the Parent Corporation or any Affiliate. Notwithstanding the foregoing, such information will not be deemed confidential to the extent that the receiving party can demonstrate by written record that it was previously known by the receiving party, became generally available to the public through no fault of the receiving party, was disclosed to the receiving party by a third party without breach of confidentiality obligation, or is specifically required to be disclosed by law or legal process.

12. **NOTICE.** Any notice required or permitted to be given by either party under this Agreement, unless otherwise indicated, shall be directed to the attention of the individual at the address noted below. Notice shall be given by hand, prepaid registered or certified mail, return receipt requested, by a nationally recognized overnight courier.

**IF TO FXG:**

FedEx Ground  
1000 FedEx Drive  
Moon Township, PA 15108  
Attention: Transportation Dept. - 5th Floor

**IF TO BROKER:**

Nolan Transportation Group, LLC  
365 Northridge Road, Suite 100-B  
Atlanta, Georgia 30350  
ATTN: Legal Department

13. **WAIVER OF LIEN.** BROKER hereby knowingly waives and will contractually require all **SERVICING MOTOR CARRIERS** to waive their right to any and all liens which may arise by operation of law or in equity upon freight tendered pursuant to this Agreement.

14. **ASSIGNMENT/MODIFICATION/BENEFIT OF AGREEMENT.** This Agreement may not be assigned or transferred in whole or in part, and supersedes all other representations and agreements, whether oral or written, and all tariffs, rates, classifications and schedules published, filed or otherwise maintained by BROKER. This Agreement shall be binding upon and enure to the benefit of the parties hereto. No amendments or modification of this Agreement shall be effective unless made in writing and executed by the parties.

15. **SEVERABILITY.** In the event that the operation of any portion of this Agreement results in a violation of any law, or any portion held to be invalid or unenforceable, the parties agree that such portion shall be severable and that the remaining provisions of this Agreement shall continue in full force and effect.

16. **WAIVER.** Failure of FXG to insist upon BROKER's performance under this Agreement or to exercise any right or privilege shall not be a waiver of any FXG's rights or privileges herein.

17. **GOVERNING LAW.** This Agreement shall be deemed to have been drawn in  
Page 8 of 15

accordance with the statutes and laws of Pennsylvania, and all disputes arising from this Agreement shall be exclusively resolved in a court of proper jurisdiction in Pennsylvania, the personal jurisdiction of which the Parties hereto consent.

18. **NO MEDIA RELEASES.** Without the prior written consent of the other party, each party agrees not to: (i) advertise or publish in any manner that it has contracted with the other party; or (ii) use the name or logo of the other party.

19. **ELECTRONIC SIGNATURES.** To the fullest extent permitted by applicable law, the parties hereby consent to the use of electronic signatures to enter into this Agreement, including any subsequent amendments, and to evidence the parties' intent to execute and enter into a binding agreement. The foregoing shall not preclude the parties from executing this Agreement, or any subsequent amendments to this Agreement, in hardcopy form.

20. **ANTI-CORRUPTION AND EXPORT LAWS.** BROKER and FXG warrant that they and their affiliates and subsidiaries, including their respective directors, officers, employees, and other persons acting on behalf of any of the foregoing will: (a) conduct business in compliance with all applicable customs, export and import laws and regulations, including, but not limited to, the U.S. Department of State International Traffic in Arms Regulations, the U.S. Department of Treasury Foreign Assets Control Regulations, U.S. laws relating to unsanctioned foreign boycotts and all other applicable economic sanctions, anti-terrorism, anti-money laundering and related laws and regulations; (b) not import, export or re-export commodities, software, technology, technical data or services in contravention of any applicable law or regulation; (c) comply with all laws of the United States of America and any other applicable anti-corruption laws, and shall refrain from any conduct that would cause the parties to be in violation of any applicable anti-corruption laws, including, but not limited to, the U.S. Foreign Corrupt Practices Act and the UK Bribery Act of 2010; and (d) maintain a compliance program intended to prevent corruption and bribery within its supply chain and, in connection with this Agreement, the parties will ensure that nothing of value will be paid or promised by the parties to any third party for purposes of influencing a decision, inducing a decision or securing any improper advantage.

**[SIGNATURES TO APPEAR ON FOLLOWING PAGE]**

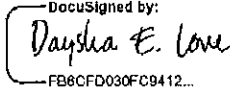


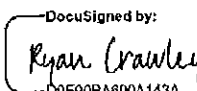
IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed in their respective names by their duly authorized representatives as of the date first above written.

SIGNED:

**FedEx Ground Package System, Inc.**

**Nolan Transportation Group, LLC**

By:    
FB6CFD030FC9412...

By:    
D9E90BA8D0A143A...

Name: Daysha E. Love

Name: Ryan Crawley

Title: Manager, Transportation Compliance  
& Analytics

Title: Senior Vice President of National Sales

**APPENDIX A****RATES**

In accordance with Section 7 of this Agreement, FXG will pay to BROKER the rates set forth below. These rates shall remain in effect until amended by written agreement of the parties.

OCITY	ST	OPOSTAL	DCITY	ST	DPOSTAL	LANE RATE	SERVICE TYPE
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[ ABOVE TABLE INTENTIONALLY LEFT BLANK ]

**APPENDIX B****FUEL SURCHARGE**

*This agreement supersedes and renders null & void any prior agreements made verbally or written.*

BROKER may add a fuel surcharge according to schedule described below. The surcharge will be applied according to the national average price of on road diesel fuel as reported by the Dept. of Energy on Monday at 4:30 pm EST. The DOT Hotline number to determine the price is (202) 586-6966. The fuel surcharge application will apply on Tuesday and will continue until the following Tuesday.

Price per Gallon	Surcharge per Loaded Mile		Price per Gallon	Surcharge per Loaded Mile
\$0.00 - \$1.359			\$2.92 - \$2.979	
\$1.36 - \$1.419			\$2.98 - \$3.039	
\$1.42 - \$1.479			\$3.04 - \$3.099	
\$1.48 - \$1.539			\$3.10 - \$3.159	
\$1.54 - \$1.599			\$3.16 - \$3.219	
\$1.60 - \$1.659			\$3.22 - \$3.279	
\$1.66 - \$1.719			\$3.28 - \$3.339	
\$1.72 - \$1.779			\$3.34 - \$3.399	
\$1.78 - \$1.839			\$3.40 - \$3.459	
\$1.84 - \$1.899			\$3.46 - \$3.519	
\$1.90 - \$1.959			\$3.52 - \$3.579	
\$1.96 - \$2.019			\$3.58 - \$3.639	
\$2.02 - \$2.079			\$3.64 - \$3.699	
\$2.08 - \$2.139			\$3.70 - \$3.759	
\$2.14 - \$2.199			\$3.76 - \$3.819	
\$2.20 - \$2.259			\$3.82 - \$3.879	
\$2.26 - \$2.319			\$3.88 - \$3.939	
\$2.32 - \$2.379			\$3.94 - \$3.999	
\$2.38 - \$2.439			\$4.00 - \$4.059	
\$2.44 - \$2.499			\$4.06 - \$4.119	
\$2.50 - \$2.559			\$4.12 - \$4.179	
\$2.56 - \$2.619			\$4.18 - \$4.239	
\$2.62 - \$2.679			\$4.24 - \$4.299	
\$2.68 - \$2.739			\$4.30 - \$4.359	
\$2.74 - \$2.799			\$4.36 - \$4.419	
\$2.80 - \$2.859			\$4.42 - \$4.479	
\$2.86 - \$2.919			\$4.48 - \$4.539	
\$4.54 - \$4.599			\$5.26 - \$5.319	
\$4.60 - \$4.659			\$5.32 - \$5.379	
\$4.66 - \$4.719			\$5.38 - \$5.439	

\$4.72 - \$4.779				\$5.44 - \$5.499		
\$4.78 - \$4.839				\$5.50 - \$5.559		
\$4.84 - \$4.899				\$5.56 - \$5.619		
\$4.90 - \$4.959				\$5.62 - \$5.679		
\$4.96 - \$5.019				\$5.68 - \$5.739		
\$5.02 - \$5.079				\$5.74 - \$5.799		
\$5.08 - \$5.139				\$5.80 - \$5.859		
\$5.14 - \$5.199				\$5.86 - \$5.919		
\$5.20 - \$5.259				\$5.92 - \$5.979		

For every \$0.06 increase in the price of diesel as determined above, an additional [REDACTED] surcharge can be added per loaded mile. Subsequently, for every \$0.06 decrease in the price of fuel a [REDACTED] rebate can be applied per loaded mile.

All invoices need to indicate the Published National Average Fuel Price for the date of the shipment. The corresponding charge should be itemized separate from the contracted rate.

**APPENDIX C****APPLICABLE ACCESSORIAL CHARGES****Item 1 - Detention with Power (Two free hours at Customer and consignee)**

This paragraph shall apply only when (i) the SERVICING MOTOR CARRIER uses trailers owned by the SERVICING MOTOR CARRIER; and (ii) a delay of the driver and Equipment with power is attributed to FXG or Customer. Free time starts upon notification by the driver to FXG or consignee that the trailer is available and ends upon notification from FXG or consignee that the trailer is available for movement. The applicable charges after expiration of free time are \$12.50 for each 15-minute increment.

**Item 2 - Equipment Ordered, Not Used**

When a vehicle is ordered, dispatched by BROKER and then refused by FXG or Customer, the applicable maximum charge is [REDACTED] for a "Team" per occurrence. "Solo" charges are the lane rate, not to exceed [REDACTED] per occurrence.

**Item 3 - Stop-offs**

This paragraph shall apply only when the SERVICING MOTOR CARRIER uses trailers owned by the SERVICING MOTOR CARRIER. When Equipment stops in transit for the purpose of partial loading and/or for partial unloading at the instruction of FXG or Customer, the applicable charge will be a maximum of [REDACTED] per stop-off. The initial pick-up stop and the final delivery stop are not subject to stop-off charges.

**Item 4 – Fuel Surcharge**

A fuel surcharge will be charged to FXG based on the standard fuel surcharge agreement contained in **Appendix B** of this Agreement.

**Item 5 - Hazmat Service**

When a shipment being transported contains hazardous materials, the applicable charge will be \$100.00 for such shipment.

**The charges listed above will be the only applicable accessorial to be charged to FXG. All other accessorial will be waived unless agreed to in writing at time of occurrence.**



**APPENDIX D**

**SERVICING MOTOR CARRIER INFORMATION**

Pursuant to Section 4 of this Agreement, BROKER will provide FXG with the following information for each SERVICING MOTOR CARRIER that BROKER intends to utilize. If the information provided changes for any SERVICING MOTOR CARRIER, BROKER will notify FXG in writing and obtain approval before utilizing the SERVICING MOTOR CARRIER to service this Agreement, pursuant to Section 4.

**Required SERVICING MOTOR CARRIER Information:**

- a. Federal I.D. Number: \_\_\_\_\_
- b. U.S. DOT Number: \_\_\_\_\_
- c. FMCSA Issued MC Number (for-hire motor carrier authority): \_\_\_\_\_

Electronically Filed  
8/2/2021 5:38 PM  
Hidalgo County District Clerks  
Reviewed By: Alessandra Galvan

# **EXHIBIT “B”**



Defendant Fedex removed this case on June 16, 2021.<sup>6</sup> All named Defendants consented to removal in this case.<sup>7</sup> Defendant Fedex alleges that removal is proper on the basis of diversity because Defendants GG's Produce and Carlos Ruvalcaba are improperly and fraudulently joined.<sup>8</sup>

## II. LEGAL STANDARD

It is a "well-settled principle that litigants can never consent to federal subject matter jurisdiction, and the lack of subject matter jurisdiction is a defense that cannot be waived."<sup>9</sup> District courts have limited jurisdiction and the authority to remove an action from state to federal court is solely conferred by the Constitution or by statute.<sup>10</sup> While the Court has jurisdiction to determine its jurisdiction,<sup>11</sup> it cannot exercise any "judicial action" other than dismissal when the Court lacks jurisdiction.<sup>12</sup> "Removal [to federal court] is proper only if that court would have had original jurisdiction over the claim."<sup>13</sup> The Court determines its jurisdiction by considering the plaintiff's claims as they existed at the time of removal,<sup>14</sup> which cannot be defeated by the plaintiff's later amendment.<sup>15</sup>

If the removing party claims federal diversity jurisdiction under 28 U.S.C. § 1332, the removing party must demonstrate complete diversity: that each defendant is a citizen of a

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<sup>6</sup> Dkt. No. 1.

<sup>7</sup> Dkt. Nos. 13–17.

<sup>8</sup> Dkt. No. 1 at 4–14.

<sup>9</sup> *Gonzalez v. Guilbot*, 255 F. App'x 770, 771 (5th Cir. 2007) (citing *Coury v. Prot*, 85 F.3d 244, 248 (5th Cir.1996)); see 28 U.S.C. § 1447(c).

<sup>10</sup> *Kokkonen v. Guardian Life Ins. Co. of Am.*, 511 U.S. 375, 377 (1994).

<sup>11</sup> *United States v. Ruiz*, 536 U.S. 622, 628 (2002) ("[I]t is familiar law that a federal court always has jurisdiction to determine its own jurisdiction.").

<sup>12</sup> *Steel Co. v. Citizens for a Better Env't*, 523 U.S. 83, 94 (1998).

<sup>13</sup> *Heritage Bank v. Redcom Labs., Inc.*, 250 F.3d 319, 323 (5th Cir. 2001); accord *Halmekangas v. State Farm Fire & Cas. Co.*, 603 F.3d 290, 294 (5th Cir. 2010).

<sup>14</sup> *Campbell v. Stone Ins., Inc.*, 509 F.3d 665, 668 n.2 (5th Cir. 2007); see *Pullman Co. v. Jenkins*, 305 U.S. 534, 537 (1939) (holding that removal is to be "determined according to the plaintiffs' pleading at the time of the petition for removal").

<sup>15</sup> *Cavallini v. State Farm Mut. Auto Ins. Co.*, 44 F.3d 256, 265 (5th Cir. 1995).

different state from each plaintiff<sup>16</sup> and the amount in controversy exceeds \$75,000.<sup>17</sup> Accordingly, “[w]hen original federal jurisdiction is based on diversity . . . a defendant may remove only ‘if none of the parties in interest properly joined and served as defendants is a citizen of the State in which such action is brought.’”<sup>18</sup> Citizenship, domicile, and residency are frequently conflated terms; for diversity jurisdiction purposes, a person is a citizen of the state where that person resides and has an intention to remain or make his or her home, and a business entity is typically a citizen of the state both where it is incorporated and where it has its principal place of business.<sup>19</sup> “The removing party, the party seeking the federal forum, bears the burden of showing that federal jurisdiction exists and that removal was proper,”<sup>20</sup> and must overcome this Court’s presumption that cases lie outside its narrow jurisdiction.<sup>21</sup> “Each factual issue necessary to support subject matter jurisdiction ‘must be supported in the same way as any other matter on which the plaintiff bears the burden of proof, i.e., with the manner and degree of evidence required at the successive stages of the litigation.’”<sup>22</sup>

If each defendant is not a citizen of a different state from each plaintiff, a party—usually a removing defendant—may claim that the plaintiff improperly or fraudulently joined parties to defeat federal diversity jurisdiction. The citizenship of an improperly joined party is then disregarded in determining the Court’s jurisdiction.<sup>23</sup> The doctrines of fraudulent or improper

<sup>16</sup> *Corfield v. Dall. Glen-Hills LP*, 355 F.3d 853, 857 (5th Cir. 2003); see *McLaughlin v. Miss. Power Co.*, 376 F.3d 344, 353 (5th Cir. 2004) (quotation omitted) (“[A]ll persons on one side of the controversy [must] be citizens of different states than all persons on the other side.”).

<sup>17</sup> *Lincoln Prop. Co. v. Roche*, 546 U.S. 81, 89 (2005).

<sup>18</sup> *Gasch v. Hartford Acc. & Indem. Co.*, 491 F.3d 278, 281 (5th Cir. 2007) (quoting 28 U.S.C. § 1441(b)).

<sup>19</sup> *Wachovia Bank v. Schmidt*, 546 U.S. 303, 318 (2006); *MidCap Media Fin., L.L.C. v. Pathway Data, Inc.*, 929 F.3d 310, 313–14 (5th Cir. 2019); *Acridge v. Evangelical Lutheran Good Samaritan Soc’y*, 334 F.3d 444, 451 (5th Cir. 2003).

<sup>20</sup> *Manguno v. Prudential Prop. & Cas. Ins. Co.*, 276 F.3d 720, 723 (5th Cir. 2002); accord *McNutt v. Gen. Motors Acceptance Corp.*, 298 U.S. 178, 189 (1936).

<sup>21</sup> *Howery v. Allstate Ins. Co.*, 243 F.3d 912, 916 (5th Cir. 2001).

<sup>22</sup> *Sharkey v. Quarantillo*, 541 F.3d 75, 83 (2d Cir. 2008) (quoting *Lujan v. Defenders of Wildlife*, 504 U.S. 555, 561 (1992)), quoted in *MidCap Media Fin.*, 929 F.3d at 315 n.\*.

<sup>23</sup> *Smallwood v. Ill. Cent. R.R.*, 385 F.3d 568, 572 (5th Cir. 2004) (en banc) (quoting 28 U.S.C. § 1441(b)).



joinder ensure “that the presence of an improperly joined, non-diverse defendant does not defeat federal removal jurisdiction premised on diversity.”<sup>24</sup> There is a heavy burden upon the party claiming improper or fraudulent joinder.<sup>25</sup> The Fifth Circuit has “recognized two ways to establish improper joinder: ‘(1) actual fraud in the pleading of jurisdictional facts, or (2) inability of the plaintiff to establish a cause of action against the non-diverse party in state court.’”<sup>26</sup> The Court determines “whether [the plaintiff] has *any possibility of recovery* against the party whose joinder is questioned. If there is arguably a *reasonable basis* for predicting that the state law might impose liability on the facts involved, then there is no fraudulent joinder. This *possibility, however, must be reasonable*, not merely theoretical.”<sup>27</sup> To test this reasonable basis for recovery, the Court may resolve the issue with a two-step analysis. First, “[t]he court may conduct a [Federal Rule of Civil Procedure] 12(b)(6)-type analysis, looking initially at the allegations of the complaint to determine whether the complaint states a claim under state law against the in-state defendant.”<sup>28</sup> The Court uses federal pleading standards in assessing the state court complaint.<sup>29</sup> A Rule 12(b)(6) analysis “leaves intact the well-pleaded complaint doctrine with all its intended reach,”<sup>30</sup> so the analysis accepts all well-pled facts in the complaint as true and interprets those facts in the light most favorable to the plaintiff, then asks whether the plaintiff has alleged “enough facts to state a claim to relief that is plausible on its face.”<sup>31</sup> The

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<sup>24</sup> *Borden v. Allstate Ins. Co.*, 589 F.3d 168, 171 (5th Cir. 2009).

<sup>25</sup> *Travis v. Irby*, 326 F.3d 644, 649 (5th Cir. 2003) (citing *B., Inc. v. Miller Brewing Co.*, 663 F.2d 545, 549 (5th Cir. 1981)).

<sup>26</sup> *Smallwood*, 385 F.3d at 573 (quoting *Travis v. Irby*, 326 F.3d 644, 647 (5th Cir. 2003)).

<sup>27</sup> *Travis*, 326 F.3d at 648 (quoting *Great Plains Tr. Co. v. Morgan Stanley Dean-Witter & Co.*, 313 F.3d 305, 312 (5th Cir. 2002)).

<sup>28</sup> *Smallwood*, 385 F.3d at 573.

<sup>29</sup> *Int’l Energy Ventures Mgmt. v. United Energy Grp.*, 818 F.3d 193, 200 (5th Cir. 2016).

<sup>30</sup> *Smallwood*, 385 F.3d at 576.

<sup>31</sup> *Doe ex rel. Magee v. Covington Cnty. Sch. Dist. ex rel. Keys*, 675 F.3d 849, 854 (5th Cir. 2012) (en banc) (citing *Bell Atl. Corp. v. Twombly*, 550 U.S. 544, 570 (2007)).

Court does not make credibility determinations or discount the complaint's factual allegations.<sup>32</sup>

"A claim has facial plausibility when the plaintiff pleads factual content that allows the court to draw the reasonable inference that the defendant is liable for the misconduct alleged. . . . Threadbare recitals of the elements of a cause of action, supported by mere conclusory statements, do not suffice."<sup>33</sup> If a complaint can survive a Rule 12(b)(6) analysis, there is no improper joinder as to that party.<sup>34</sup> "[T]he existence of even a single valid cause of action against in-state defendants (despite the pleading of several unavailing claims) requires remand of the entire case to state court."<sup>35</sup> But if "there is no reasonable basis for the district court to predict that the plaintiff might be able to recover against an in-state defendant," the party was improperly joined.<sup>36</sup>

In instances in which the propriety of joinder is still questionable after the Rule 12(b)(6)-like analysis, or if the plaintiff has misstated or omitted facts that would determine the propriety of joinder, the Court may in its discretion pierce the pleadings and conduct a "summary inquiry" to consider "summary judgment-type evidence such as affidavits and deposition testimony" but will not pretry factual issues.<sup>37</sup>

While a district court has jurisdiction to determine its own jurisdiction, the focus of the inquiry "must be on the joinder, not the merits of the plaintiff's case."<sup>38</sup> Importantly, "removal statutes are to be strictly construed against removal; doubts as to removal are resolved in favor of

<sup>32</sup> *Neitzke v. Williams*, 490 U.S. 319, 327 (1989).

<sup>33</sup> *Ashcroft v. Iqbal*, 556 U.S. 662, 678 (2009).

<sup>34</sup> *Int'l Energy Ventures Mgmt.*, 818 F.3d at 200.

<sup>35</sup> *Gray ex rel. Rudd v. Beverly Enters.-Miss., Inc.*, 390 F.3d 400, 412 (5th Cir. 2004).

<sup>36</sup> *McDonal v. Abbott Labs.*, 408 F.3d 177, 183 (5th Cir. 2005) (quoting *Smallwood*, 385 F.3d at 573).

<sup>37</sup> *Hart v. Bayer Corp.*, 199 F.3d 239, 246–47 (5th Cir. 2000); *McDonal v. Abbott Labs.*, 408 F.3d 177, 183 n.6 (5th Cir. 2005).

<sup>38</sup> *Int'l Energy Ventures Mgmt.*, 818 F.3d at 209–10 (quoting *Smallwood*, 385 F.3d at 573); see *Smallwood*, 385 F.3d at 576 (emphasis added) ("When a defendant removes a case to federal court on a claim of improper joinder, the district court's first inquiry is whether the removing party has carried its heavy burden of proving that the joinder was improper. Indeed, until the removing party does so, the court does not have the authority to do more; it lacks the jurisdiction to dismiss the case on its merits. It must remand to the state court.").

remanding the case to state court.”<sup>39</sup> Specifically, the Court will resolve all legal and factual issues, doubts, and ambiguities in favor of remand,<sup>40</sup> because the exercise of jurisdiction over a removed case “deprives a state court of a case properly before it and thereby implicates important federalism concerns.”<sup>41</sup>

### III. ANALYSIS

In its notice of removal, Defendant Fedex argues that Defendants GG’s Produce and Carlos Ruvalcaba, the driver of Coca-Cola Southwest Beverage, LLC’s vehicle, are improperly and fraudulently joined because “Plaintiffs have no possibility of establishing a cause of action against them and they have no real connection with the claims against the other defendants.”<sup>42</sup> Specifically, Defendant Fedex alleges that because of Defendants GG’s Produce’s and Carlos Ruvalcaba’s locations in the 148-vehicle pile-up and intervening causes—including ice and other vehicles—they could not have proximately caused Plaintiffs’ injuries.<sup>43</sup>

Defendant Fedex’s motion impermissibly seeks to have the Court determine the merits of Plaintiffs’ case.<sup>44</sup> While the Court agrees that the location of the vehicles or potential intervening causes may preclude recovery as to Defendant GG’s Produce, it cannot say the same about Defendant Carlos Ruvalcaba without delving into the merits of the case.

<sup>39</sup> *Tebon v. Travelers Ins. Co.*, 392 F. Supp. 2d 894, 898 (S.D. Tex. 2005) (Jack, J.) (citing *Shamrock Oil & Gas Corp. v. Sheets*, 313 U.S. 100 (1941) & *Acuna v. Brown & Root, Inc.*, 200 F.3d 335, 339 (5th Cir. 2000)).

<sup>40</sup> *Lorenz v. Tex. Workforce Comm’n*, 211 F. App’x 242, 245 (5th Cir. 2006) (citing *Guillory v. PPG Indus.*, 434 F.3d 303, 308 (5th Cir. 2005)); see also *Rico v. Flores*, 481 F.3d 234, 239 (5th Cir. 2007) (alterations in original) (quoting *Griggs v. State Farm Lloyds*, 181 F.3d 694, 699 (5th Cir. 1999)) (“[T]he district court is ‘obliged to resolve any contested issues of material fact, and any ambiguity or uncertainty in the controlling state law, in [the plaintiff’s] favor.’”).

<sup>41</sup> *Frank v. Bear Stearns & Co.*, 128 F.3d 919, 922 (5th Cir. 1997); see *Steel Co. v. Citizens for a Better Env’t*, 523 U.S. 83, 94 (1998); *B., Inc. v. Miller Brewing Co.*, 663 F.2d 545, 548–49 (5th Cir. 1981) (“Where a federal court proceeds in a matter without first establishing that the dispute is within the province of controversies assigned to it by the Constitution and statute, the federal tribunal poaches upon the territory of a coordinate judicial system, and its decisions, opinions, and orders are of no effect. . . . Thus, the trial court must be certain of its jurisdiction before embarking upon a safari in search of a judgment on the merits.”).

<sup>42</sup> Dkt. No. 1 at 5.

<sup>43</sup> *Id.* at 6–12.

<sup>44</sup> See *Smallwood*, 385 F.3d at 576.

Plaintiffs allege in the live second amended petition that Defendant Carlos Ruvalcaba's negligence caused their injuries.<sup>45</sup> Specifically, they allege that Defendant Coca-Cola's driver Carlos Ruvalcaba's failure to control his speed, drive safely, and take into account road conditions caused the accidents that led to their injuries.<sup>46</sup> On review of the pleadings, the Court finds Plaintiff has pled a reasonable basis for recovery. However, because Defendant Fedex alleges that Plaintiffs fraudulently omitted facts that are necessary to determine the propriety of joinder, the Court turns to pierce the pleadings and conduct a summary inquiry of the evidence included in Defendant Fedex's notice of removal to determine whether Plaintiffs omitted or misstated facts that affect the propriety of the joinder.<sup>47</sup>

Defendant Fedex alleges that because the accident scene photos show location of the vehicle driven by Defendant Carlos Ruvalcaba "all the way to the right of the roadway and in its own lane of travel," he could not have proximately caused the injury to Plaintiffs in vehicles some distance in front and behind him because there was no contact pictured between the vehicles and they ran into other vehicles.<sup>48</sup> Defendant Fedex further argues that Defendant Carlos Ruvalcaba could not have proximately caused the injuries to Plaintiffs in vehicles adjacent to him because the positioning of the cars suggests they ran into him.<sup>49</sup> Upon review of the photographs of the scene of the accident, the Court notes that the vehicle driven by Defendant Carlos Ruvalcaba is pictured directly adjacent to the vehicles of Plaintiffs Halee Escamilla and Sarah Doyle and in the same pile-up as the other Plaintiffs.<sup>50</sup> The Court does not agree that the location of the Coca-Cola vehicle driven by Carlos Ruvalcaba in the pile up summarily precludes

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<sup>45</sup> Dkt. No. 7-1 at 8.

<sup>46</sup> Dkt. No. 7-1 at 9.

<sup>47</sup> See *Hart*, *supra* note 37; Dkt. Nos. 1-8.

<sup>48</sup> Dkt. No. 1 at 9-12 (citing Dkt. No. 8-3 at 4-5).

<sup>49</sup> *Id.*

<sup>50</sup> Dkt. No. 1 at 7-9 (citing Dkt. No. 8-3 at 4-5).

a finding that he proximately caused Plaintiffs' injuries. Because the location of the vehicles in the photos leave open a genuine dispute of fact as to whether Defendant Carlos Ruvalcaba proximately caused Plaintiffs' injuries, the Court does not agree that the omission of the location of the vehicle determines the propriety of joinder. Because Plaintiffs alleged sufficient facts to establish a reasonable basis for recovery against Defendant Carlos Ruvalcaba, the Court finds he is properly joined as a Defendant in this case.

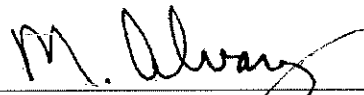
Furthermore, Defendant Fedex's arguments regarding the weather and other intervening causes equally dispose of all Defendants and are not a permissible basis to establish improper joinder.<sup>51</sup> For the foregoing reasons, the Court finds that Defendant Fedex has not met its burden to establish improper or fraudulent joinder of non-diverse Defendant Carlos Ruvalcaba and thus has failed to establish diversity jurisdiction under 28 U.S.C. § 1332. Because there is not complete diversity of citizenship between all Plaintiffs and all Defendants in this case, the Court does not have subject matter jurisdiction over this case.

#### IV. CONCLUSION

Accordingly, the Court **REMANDS** this case to the 93rd Judicial District Court of Hidalgo County.

IT IS SO ORDERED.

DONE at McAllen, Texas, this 16th day of July 2021.



Micaela Alvarez  
United States District Judge

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<sup>51</sup> See *Smallwood*, 385 F.3d at 571.



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Hidalgo County District Clerks  
Reviewed By: Alessandra Galvan

# EXHIBIT “C”

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Units 1 1 1  
 Total Num. 3 8  
 Prsnl 3 8  
 8/2/2021 5:38 PM  
 Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 1 of 149

Refer to Attached Code Sheet for Numbered Fields

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																																																										
*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit																																																								
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																																																										
ROAD ON WHICH CRASH OCCURRED																																																																
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7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																														
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10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 04/06/1979																																																												
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<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Prsn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Result</th> <th>Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>SHOOK JOBETH WILBERS</td> <td>N</td> <td>41</td> <td>W</td> <td>2</td> <td>1</td> <td>1</td> <td>2</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> <td></td> </tr> <tr> <td colspan="19">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>								Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Result	Category	1	1	1	SHOOK JOBETH WILBERS	N	41	W	2	1	1	2	97	N	96		96	97	97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																		
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Towed By		Towed To																																																														

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Hidalgo County District Clerk Page 2 of 149

Law Enforcement and TxDOT Use ONLY:  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

Reviewed By: Alessandra Gaiyan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)												
					/ /													
					/ /													
					/ /													
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					/ /													
CHARGES	Unit Num.	Prsn. Num.	Charge			Citation/Reference Num.												
DAMAGE	Damaged Property Other Than Vehicles			Owner's Name	Owner's Address													
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.										
	Carrier's Corp. Name			Carrier's Primary Addr.			30 Veh. Type											
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type										
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No										
FACTORS & CONDITIONS	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:										
NARRATIVE AND DIAGRAM	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions									
	Unit #	Contributing		May Have Contrib.	Contributing	May Have Contrib.	38 - Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control					
							98	3	97	3	2	6	96					
<p>VEHICLES WERE TRAVELING SOUTHBOUND AT THE 2600 BLOCK OF THE IH35 EXPRESS LANES WHEN THEY ENCOUNTERED ICY ROAD CONDITIONS. VEHICLES BEGAN TO COLLIDE WITH EACH OTHER JAMMING UP THE ROADWAY. AS OTHER VEHICLES APPROACHED THEY WERE UNABLE TO STOP IN TIME TO AVOID THE OTHER VEHICLES ALREADY INVOLVED IN THE COLLISION. SIX PERSONS WERE PRONOUNCED DECEASED ON SCENE.</p> <p style="text-align: center; font-size: 2em;">DIAGRAM ON SEPARATE PAGE</p>																		
INVESTIGATOR	Time Notified (24HR:MM)		0 6 2 0		How Notified		DISPATCH		Time Arrived (24HR:MM)		0 6 4 0		Report Date (MM/DD/YYYY)		0 3 / 0 1 / 2 0 2 1			
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)				HARPER, G. MARTIN, K				ID Num.				3380-3421			
	ORI Num.	TX 2 2 0 1 2 0 0				*Agency				FORT WORTH POLICE DEPARTMENT				Service/Region/DA				CENTRAL

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Units 1 4 8  
 Total Num. 3 8  
 Prsn. 3 8  
 Electronically Filed 8/2/2021 5:38 PM  
 Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

Reviewed By: Alessandra Galvan

Page 3 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot <input checked="" type="checkbox"/> Toll Road/Toll Lane							
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 3		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. CSZ8504		VIN 1NXBR32E28Z015365					
Veh. Year 2008		6 Veh. Color SIL		Veh. Make TOYOTA		Veh. Model COROLLA	
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 26786442		9 DL Class C	
10 CDL End. 99		11 DL Rest. A		DOB (MM/DD/YYYY) 11/04/1987			
Address (Street, City, State, ZIP) 8145 IRON DR #427 FORT WORTH TX 76137							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1 1 1 LIND MELISSA CATHERINE							
14 Injury Severity N 33 B 2 1 1 2 97 N 96							
15 Age 33 16 Sex B 17 Eject. 1 18 Restr. 2 19 Airbag 97 20 Helmet N 21 Sol. 96							
22 Alc. Spec. 96 23 Drug Spec. 96 24 Drug Result 97 25 Drug Category 97							
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address LIND MELISSA CATHERINE 8145 IRON DR #427 FORT WORTH TX 76137							
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt							
26 Fin. Resp. Type 1							
Fin. Resp. Name PROGRESSIVE							
Fin. Resp. Num. 915131443							
27 Vehicle Damage Rating 1 12 - FD-6							
27 Vehicle Damage Rating 2 - -							
Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Towed By ABC WRECKER Towed To ABC WRECKER YARD							
Unit Num. 4 5 Unit Desc. 1							
<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run							
LP State TX							
LP Num. CPC2932							
VIN 1ZVHT80N475239372							
Veh. Year 2007							
6 Veh. Color GRY							
Veh. Make FORD							
Veh. Model MUSTANG							
7 Body Style P2							
<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)							
8 DL/ID Type 99							
DL/ID State UN							
DL/ID Num.							
9 DL Class 99							
10 CDL End. 99							
11 DL Rest. 99							
DOB (MM/DD/YYYY)							
Address (Street, City, State, ZIP) UNK UNK UN UNK							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1 1 1 UNK UNK							
14 Injury Severity 99							
15 Age 99							
16 Sex 99							
17 Eject. 99							
18 Restr. 99							
19 Airbag 97							
20 Helmet N							
21 Sol. 96							
22 Alc. Spec. 96							
23 Drug Spec. 96							
24 Drug Result 97							
25 Drug Category 97							
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address LANEY RONALD LEE II 1500 BIRDS EYE RD FORT WORTH TX 76177							
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt							
26 Fin. Resp. Type 1							
Fin. Resp. Name FARMERS							
Fin. Resp. Num. 45408715							
27 Vehicle Damage Rating 1 12 - FD-6							
27 Vehicle Damage Rating 2 - -							
Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Towed By ABC WRECKER Towed To ABC WRECKER							

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8/2/2021 5:38 PMLaw Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDHidalgo County District Clerk  
Reviewed By: Alessandra Garban

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
						/ /
					/ /	
					/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	Carrier's Corp. Name	Carrier's Primary Addr.								
31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released		<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	
Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control		
								98	3	97	3	2	6	96		

NARRATIVE AND DIAGRAM	Time Notified (24HR:MM)		How Notified	Time Arrived (24HR:MM)		Report Date (MM/DD/YYYY)											
		0	6	2	0	DISPATCH	0	6	4	0	0	3	0	1	2	0	2

INVESTIGATOR	Invest. Comp.	Investigator Name (Printed)	ID Num.	Service/ Region/DA
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HARPER, G.	MARTIN, K	3380-3421

ORI Num.	Agency
T X 2 2 0 1 2 0 0	FORT WORTH POLICE DEPARTMENT

DIAGRAM ON SEPARATE PAGE



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Units 1 4 8  
 Total Num. 3 6  
 Prsn. 3 6  
 8/2/2021 5:38 PM  
 Hidalgo County District Clerks

Electronically Filed

8/2/2021 5:38 PM

Hidalgo County District Clerks

Reviewed By: Alessandra Galvan

Page 5 of 149

 Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)  
 Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/ Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Markers		Reference-Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 5		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. JRB4105		VIN 1 N 6 A D 0 6 U 4 8 C 4 5 0 7 0 0					
Veh. Year 2008		6 Veh. Color SIL		Veh. Make NISSAN		Veh. Model FRONTIER	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 7637453		9 DL Class C	
10 CDL End. 99		11 DL Rest. A		DOB (MM/DD/YYYY) 04/02/1975			
Address (Street, City, State, ZIP) 4416 JESSICA ST FORT WORTH TX 76244							
Person Num. 1		12 Prsn. Type 1		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity		Age		15 Ethnicity		16 Sex	
17 Eject		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.	
24 Drug Result		25 Drug Category					
1		1		1		ALONZO NORMA VARELA	
N		45		W		2	
1		1		2		97	
N		96				96	
97		97				97	
Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		ALONZO JACINTO 921 AVE E FORT WORTH TX 79041			
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired		26 Fin. Resp. Type 1		Fin. Resp. Name FARMERS		Fin. Resp. Num. 44483140	
Fin. Resp. Phone Num.		27 Vehicle Damage-Rating 1 12-		FD-6		27 Vehicle Damage Rating 2 -	
Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried <input checked="" type="checkbox"/> No					
Towed By TEXAS TOWING		Towed To TEXAS TOWING					
Unit Num. 6		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State WA	
LP Num. 80104RP		VIN 4 V 4 N C 9 E H 7 L N 2 4 0 0 5 8					
Veh. Year 2020		6 Veh. Color WHI		Veh. Make VOLVO		Veh. Model ACL	
7 Body Style TR		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State WA		DL/ID Num. SINGHS1020D		9 DL Class 98	
10 CDL End. 98		11 DL Rest. 98		DOB (MM/DD/YYYY) 09/04/1990			
Address (Street, City, State, ZIP) 4243 STONE CREST CT BELLINGHAM WA 98226							
Person Num. 1		12 Prsn. Type 1		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity		Age		15 Ethnicity		16 Sex	
17 Eject		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.	
24 Drug Result		25 Drug Category					
1		1		1		SINGH SUKHWINDER	
N		30		A		1	
1		1		1		97	
N		96				96	
97		97				97	
Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		SONIC LOGISTICS LLC 6199 NICKLES ST FERNDAL WA 98248			
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE		Fin. Resp. Num. 01147258-2	
Fin. Resp. Phone Num.		27 Vehicle Damage-Rating 1 10-		FL-2		27 Vehicle Damage Rating 2 -	
Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried <input checked="" type="checkbox"/> No					
Towed By MILNER		Towed To 6320 EDEN DR					

Electronically Filed

8/2/2021 5:38 PM

Hidalgo County District Clerk

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)						
					/ /							
					/ /							
					/ /							
					/ /							
					/ /							
CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.								
DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address								
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.				
	Carrier's Corp. Name		Carrier's Primary Addr.				30 Veh. Type					
	31 Bus Type	<input type="checkbox"/> RGW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type				
	Unit Num.	<input type="checkbox"/> RGW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:				
FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions			
	Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
						98	3	97	3	2	6	96
NARRATIVE AND DIAGRAM	<p style="text-align: center; font-size: 2em;">DIAGRAM ON SEPARATE PAGE</p>											
INVESTIGATOR	Time Notified (24HR:MM)	0 6 2 0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0 6 4 0	Report Date (MM/DD/YYYY)	0 3 / 0 1 / 2 0 2 1				
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	HARPER, G. MARTIN, K	ID Num.	3380-3421						
	ORI Num.	T X 2 2 0 1 2 0 0	*Agency	FORT WORTH POLICE DEPARTMENT	Service/Region/DA	C E N T R L						

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE ☐ SCHOOL ZONE
Total  
Num. 1 4 8  
UnitsElectronically Filed  
8/24/2021 5:38 PM  
Total  
Num. 3 5 8  
Prsn. Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 7 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																																			
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit																																			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																																					
ROAD ON WHICH CRASH OCCURRED																																									
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600																																			
3 Street Prefix		*Street Name		4 Street Suffix																																					
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																			
Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.																																							
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																									
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1																																			
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																																			
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker																																			
Street Desc. HWY		RRX Num.																																							
Unit Num. 7		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State WA																																			
LP Num. 23034AE		VIN 1G1RAA0623FW702383																																							
Veh. Year 2015		6 Veh. Color WHI		Veh. Make GREAT DANE TRAILERS		Veh. Model NOT APPLICABLE																																			
7 Body Style TL		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																							
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class																																			
10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)																																					
Address (Street, City, State, ZIP)																																									
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line																																									
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Prsn. Type</th> <th>13 Seat Position</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>								Person Num.	12 Prsn. Type	13 Seat Position	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																	
Person Num.	12 Prsn. Type	13 Seat Position	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																									
Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																									
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		SONIC LOGISTICS LLC		6199 NICKLES ST																																			
26 Fin. Resp. Type 1		Fin. Resp. Name		PROGRESSIVE		Fin. Resp. Num. 01147258-2																																			
27 Vehicle Damage Rating 1		6-		BD-1		27 Vehicle Damage Rating 2																																			
-		-		-		Vehicle Inventoried <input checked="" type="checkbox"/> No																																			
Towed By MILNER		Towed To MILNER WRECKER YARD																																							
Unit Num. 8		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State FL																																			
LP Num. JWAB48		VIN 5NPD84LF9JH332282																																							
Veh. Year 2018		6 Veh. Color GRY		Veh. Make HYUNDAI		Veh. Model ELANTRA COUPE																																			
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																							
8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99																																			
10 CDL End. 99		11 DL Rest. 99		DOB (MM/DD/YYYY)																																					
Address (Street, City, State, ZIP) UNK UNK UNK																																									
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line																																									
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Prsn. Type</th> <th>13 Seat Position</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>UNK</td> <td>UNK</td> <td>UNKNOWN</td> <td>99</td> <td>99</td> <td>99</td> <td>99</td> <td>99</td> <td>2</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> </tr> </tbody> </table>								Person Num.	12 Prsn. Type	13 Seat Position	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	UNK	UNK	UNKNOWN	99	99	99	99	99	2	97	N	96		96
Person Num.	12 Prsn. Type	13 Seat Position	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																									
1	1	1	UNK	UNK	UNKNOWN	99	99	99	99	99	2	97	N	96		96																									
Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																									
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		ARRIETA ESTEBAN ALONSO		1214 ANDALUSIA LOOP																																			
26 Fin. Resp. Type		Fin. Resp. Name		DAVENPORT FL 33836		Fin. Resp. Num.																																			
27 Vehicle Damage Rating 1		12-		FD-5		27 Vehicle Damage Rating 2																																			
6-		RD-5		Vehicle Inventoried <input checked="" type="checkbox"/> No																																					
Towed By GUY SIMON		Towed To GUY SIMON WRECKER YARD																																							

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8/2/2021 5:38 PM

Hidalgo County District Clerk

Page 8 of 149

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
						/ /
					/ /	
					/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	10,001+ LBS.	TRANSPORTING HAZARDOUS MATERIAL	9+ CAPACITY	CMV Disabling Damage?	Yes	No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type	
		6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	2	1	00257317	9
	Carrier's Corp. Name SONIC LOGISTICS			Carrier's Primary Addr. 6199 NICKLES ST			FERNDAL WA 98248					
	31 Bus Type	0	<input type="checkbox"/> RGWW	<input checked="" type="checkbox"/> GVWR	4,982.8	HazMat Released	<input type="checkbox"/> Yes	<input type="checkbox"/> No	32 HazMat Class Num.		33 Cargo Body Type	3
	Unit Num.	7	<input type="checkbox"/> RGWW	<input checked="" type="checkbox"/> GVWR	4,500.0	34 Trlr. Type	2	CMV Disabling Damage?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Unit Num.	
	Sequence Of Events	35 Seq. 1	98	35 Seq. 2		35 Seq. 3		35 Seq. 4		Intermodal Shipping Container Permit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
										Actual Gross Weight		Total Num. Axles:

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
									98	3	97	3	2	6	96	

NARRATIVE AND DIAGRAM																

INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	0	1	2	0	2	1
	Invest. Comp.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Investigator Name (Printed) HARPER, G.				MARTIN, K				ID Num. 3380-3421									
	ORI Num.	TX 2201200				*Agency FORT WORTH POLICE DEPARTMENT				Service/Region/DA				CENTRAL							

DIAGRAM ON SEPARATE PAGE

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE ☐ SCHOOL ZONE

 Total Num. 1 4 8  
 Units 1 4 8  
 Total Num. 3 8 8  
 Units 3 8 8  
 Prsn. Hidalgo County District Clerks

Electronically Filed

8/2/2021 5:38 PM

Reviewed By: Alessandra Galvan

 Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)  
 Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457  
 Refer to Attached Code Sheet for Numbered Fields

Page 9 of 149

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit	
Const. Zone <input checked="" type="checkbox"/> No		Workers Present <input checked="" type="checkbox"/> No		Street Desc.			
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 9		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. HPN6310		VIN 1FAHP3F21CL256794					
Veh. Year 2012		6 Veh. Color SIL		Veh. Make FORD		Veh. Model FOCUS	
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 27457841		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 09/17/1991			
Address (Street, City, State, ZIP) 329 WEST SOUTHERN AVE SAGINAW TX 76179							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: GARRETT MELISSA ELIZABETH	
14 Injury Severity B		Age 29		15 Ethnicity W		16 Sex 2	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Alc. Result 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		GARRETT MELISSA ELIZABETH		SAGINAW TX 76179	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name GEICO		Fin. Resp. Num. 4269178069	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 9-	
LBQ-6		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Towed By A1 TOWING		Towed To A1 TOWING YARD					
Unit Num. 10		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. 00010A3		VIN 1GNEK13T2YJ163614					
Veh. Year 2000		6 Veh. Color GRY		Veh. Make CHEVROLET		Veh. Model TAHOE C1500	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99	
10 CDL End. 99		11 DL Rest. 99		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP) UNKNOWN UNK UNK							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: UNKNOWN UNK UNK	
14 Injury Severity 99		Age 99		15 Ethnicity 99		16 Sex 99	
17 Eject. 99		18 Restr. 99		19 Airbag 1		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Alc. Result 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		GARCIA LUIS		FORT WORTH TX 76116	
Proof of <input type="checkbox"/> Yes <input type="checkbox"/> Expired <input checked="" type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type		Fin. Resp. Name		Fin. Resp. Num.	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-3		27 Vehicle Damage Rating 2 6-	
RD-3		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Towed By A1 TOWING		Towed To A1 TOWING YARD					



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Hidalgo County District Clerk

Reviewed By: Alessandra Galvan

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	9	1		TEXAS HEALTH ALLIANCE	SELF	/ /
					/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	31 Bus Type		<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
Unit Num.		<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:			

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
									98	3	97	3	2	6	96	

NARRATIVE AND DIAGRAM	INVESTIGATOR	
	<p>Time Notified (24HR:MM) 0 6 2 0 How Notified DISPATCH Time Arrived (24HRMM) 0 6 4 0 Report Date (MM/DD/YYYY) 0 3 / 0 1 / 2 0 2 1</p> <p>Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Investigator Name (Printed) HARPER, G. MARTIN, K ID Num. 3380-3421</p> <p>ORI Num. T X 2 2 0 1 2 0 0 *Agency FORT WORTH POLICE DEPARTMENT Service/Region/DA C E N T R L</p>	

DIAGRAM ON SEPARATE PAGE

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. Units 1 4 8  
 Total Num. Persons 8/2/2021 5:38 PM  
 Hidalgo County District Clerks

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8/2/2021 5:38 PM

Hidalgo County District Clerks

Reviewed By: Alessandra Galvan

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 Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)  
 Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457  
 Refer to Attached Code Sheet for Numbered Fields

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

★Crash Date (MM/DD/YYYY) 02/11/2021		★Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
★County Name TARRANT				★City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277	
ROAD ON WHICH CRASH OCCURRED							
★1 Rdwy. Sys. TL		★Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		★Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit	
Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.			
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 11		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. MMC4853		VIN JTEBU5JR8K5701846					
Veh. Year 2019		6 Veh. Color BLU		Veh. Make TOYOTA		Veh. Model 4RUNNER/SR5	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 16052371		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 04/16/1977			
Address (Street, City, State, ZIP) 1112 HAWKS LANDING HASLET TX 76052							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: CASE AMY RENEE	
14 Injury Severity B		Age 43		15 Ethnicity W		16 Sex 2	
17 Eject. 1		18 Restr. 1		19 Airbag 2		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address		CASE AMY RENEE 1112 HAWKS LANDING HASLET TX 76052					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-5		27 Vehicle Damage Rating 2 6-	
RD-5		Vehicle Inventoried <input checked="" type="checkbox"/> No					
Towed By A1 TOWING				Towed To A1 TOWING YARD			
Unit Num. 12		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. JRK8228		VIN 3VWVA7AT5DM635655					
Veh. Year 2013		6 Veh. Color SIL		Veh. Make VOLKSWAGEN		Veh. Model NEW BEETLE	
7 Body Style P2		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 10013746		9 DL Class C	
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 01/25/1984			
Address (Street, City, State, ZIP) 7619 CROUSE DR FORT WORTH TX 76137							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: HERRERA ELVIRA	
14 Injury Severity B		Age 37		15 Ethnicity H		16 Sex 2	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address		GALAVIZ ISMAEL 7916 CROUSE DR FORT WORTH TX 76137					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name LIBERTY COUNTY MUTUAL	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 3-		RP-7		27 Vehicle Damage Rating 2 12-	
FD-7		Vehicle Inventoried <input checked="" type="checkbox"/> No					
Towed By TEXAS TOWING				Towed To TEXAS TOWING			

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Hidalgo County District Clerk

Reviewed By: Alessandra Galvan

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	11	1		LOCAL HOSPITAL	SELF	/ /
12	1		LOCAL HOSPITAL	SELF	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	31 Bus Type		<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
Unit Num.		<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		34 Tric. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		34 Tric. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight		Total Num. Axles:		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
									98	3	97	3	2	6	96	

NARRATIVE AND DIAGRAM	36 Contributing Factors (Investigator's Opinion)		37 Vehicle Defects (Investigator's Opinion)		Environmental and Roadway Conditions										
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
									98	3	97	3	2	6	96

DIAGRAM ON SEPARATE PAGE

INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	0	1	2	0	2	1						
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	HARPER, G. MARTIN, K										ID Num.	3380-3421													
ORI Num.	TX 2201200										*Agency	FORT WORTH POLICE DEPARTMENT										Service/Region/DA	CENTRAL				

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Units 1 3 8  
 Total Num. 8/2/2021 5:38 PM  
 Prsn. Hidalgo County District Clerks


## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

Reviewed By: Alessandra Galvan

Page 13 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit	
Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.			
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 13		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. 97216B2		VIN KNDPC3AC5G7845492					
Veh. Year 2016		6 Veh. Color GRY		Veh. Make KIA		Veh. Model SPORTAGE	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 4		DL/ID State TX		DL/ID Num. 41806307		9 DL Class 5	
10 CDL End. 5		11 DL Rest. 5		DOB (MM/DD/YYYY) 08/03/1975			
Address (Street, City, State, ZIP) 2400 INDIAN HEAD DR FORT WORTH TX 76177							
Person Num. 1		12 Prsn. Type 1		13 Seat Position		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity		Age		15 Ethnicity	
16 Sex		17 Eject.		18 Restr.		19 Airbag	
20 Helmet		21 Sol.		22 Alc. Spec.		Alc. Result	
23 Drug Spec.		24 Drug Result		25 Drug Category			
1		1		1		WATSON AARON LUK	
N		45		W		1	
1		1		5		97	
N		96				96	
97		97		97		97	
Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner		Owner/Lessee Name & Address		WATSON AARON LUK		FORT-WORTH TX 76177	
<input type="checkbox"/> Lessee		26 Fin. Resp. Type		Fin. Resp. Name		Fin. Resp. Num.	
Fin. Resp. <input checked="" type="checkbox"/> No <input type="checkbox"/> Exempt		27 Vehicle Damage Rating 1		12- FD-7		27 Vehicle Damage Rating 2	
6- RD-7		Vehicle Inventoried <input checked="" type="checkbox"/> No					
Towed By TEXAS TOWING		Towed To TEXAS TOWING					
Unit Num. 14		5 Unit Desc. 4		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num.		VIN					
Veh. Year		6 Veh. Color		Veh. Make		Veh. Model	
7 Body Style		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 41806307		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 08/03/1975			
Address (Street, City, State, ZIP) 2400 INDIAN HEAD DR FORT WORTH TX 76177							
Person Num. 1		12 Prsn. Type 4		13 Seat Position 16		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity		Age		15 Ethnicity	
16 Sex		17 Eject.		18 Restr.		19 Airbag	
20 Helmet		21 Sol.		22 Alc. Spec.		Alc. Result	
23 Drug Spec.		24 Drug Result		25 Drug Category			
1		4		16		WATSON AARON LUKE	
K		45		W		1	
97		97		97		97	
N		96				96	
97		97		97		97	
Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input type="checkbox"/> Owner		Owner/Lessee Name & Address		WATSON AARON LUK		FORT-WORTH TX 76177	
<input type="checkbox"/> Lessee		26 Fin. Resp. Type		Fin. Resp. Name		Fin. Resp. Num.	
Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt		27 Vehicle Damage Rating 1		-		27 Vehicle Damage Rating 2	
-		Vehicle Inventoried <input type="checkbox"/> No					
Towed By		Towed To					

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Hidalgo County District Clerk Page 14 of 149

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

Reviewed By: Alessandra Galyan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	14	1		FW FUNERALS AND CREMATIONS	TARRANT CTY MORGUE	0 2 / 1 1 / 2 0 2 1
					/ /	
					/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	31 Bus Type		<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR		HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
Unit Num.		<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
									98	3	97	3	2	6	96	

NARRATIVE AND DIAGRAM	Time Notified (24HR:MM)		How Notified	Time Arrived (24HRMM)		Report Date (MM/DD/YYYY)	
		0 6 / 2 0	DISPATCH	0 6 / 4 0	0 3 / 0 1 / 2 0 2 1		

INVESTIGATOR	Invest. Comp.	Investigator Name (Printed)	ID Num.
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HARPER, G. MARTIN, K	3380-3421

ORI Num.	*Agency	Service/Region/DA
TX 2 2 0 1 2 0 0	FORT WORTH POLICE DEPARTMENT	C E N T R L

DIAGRAM ON SEPARATE PAGE



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Total Prsn. 1 3 8  
 Units 1 4 8  
 Prsn. 1 3 8

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Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 15 of 149

Refer to Attached Code Sheet for Numbered Fields

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit	
Const. Zone <input checked="" type="checkbox"/> No				Workers Present <input checked="" type="checkbox"/> No		Street Desc.	
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. Sys. LR		2 Rdwy. Part 1		Block Num. 2500	
3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST			
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 15		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. GP98DB		VIN 1GCGTDE30G1330774					
Veh. Year 2016		6 Veh. Color WHI		Veh. Make CHEVROLET		Veh. Model COLORADO	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 08361065		9 DL Class C	
10 CDL End. 96		11 DL Rest A		DOB (MM/DD/YYYY) 11/16/1985			
Address (Street, City, State, ZIP) 6049 Nanci Dr WATAUGA TX 76148							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity B		Age 35		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address		MORRIS TERRY ALLEN JR		6049 Nanci Dr		WATAUGA TX 76148	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name USAA		Fin. Resp. Num. 027641979 7101	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 9-		LP-7		27 Vehicle Damage Rating 2 3-	
Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Towed By ABC TOWING		Towed To ABC TOWING			
Unit Num. 16		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. NTW9207		VIN 5TFEM5F13JX126739					
Veh. Year 2018		6 Veh. Color BLK		Veh. Make TOYOTA		Veh. Model TUNDRA	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 22530250		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 10/05/1986			
Address (Street, City, State, ZIP) 8933 PROPER ST #5109 FORT WORTH TX 76177							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity B		Age 34		15 Ethnicity H		16 Sex 2	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address		SIMS MONICA IVONNE		8933 PROPER ST #5109		FORT WORTH TX 76177	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ALLSTATE		Fin. Resp. Num. 938966718	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 9-	
Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Towed By BEARDS TOWING		Towed To BEARDS TOWING			

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Hidalgo County District Clerk

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Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

Reviewed By: Alessandra Garvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	15	1		LOCAL HOSPITAL	SELF	/ /
16	1		LOCAL HOSPITAL	SELF	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	31 Bus Type		<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.
Unit Num.		<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight			Total Num. Axles:

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
									98	3	97	3	2	6	96	

NARRATIVE AND DIAGRAM	Time Notified (24HR:MM)		How Notified	Time Arrived (24HR:MM)		Report Date (MM/DD/YYYY)	
		0	6	DISPATCH	0	6	0

INVESTIGATOR	Invest. Comp.	Investigator Name (Printed)	ID Num.	Service/ Region/DA
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HARPER, G. MARTIN, K	3380-3421	C E N T R L

ORI Num.	*Agency
T X 2 2 0 1 2 0 0	FORT WORTH POLICE DEPARTMENT

DIAGRAM ON SEPARATE PAGE

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Units 1 4 8  
 Total Num. 8/2/2021 5:38 PM  
 Prsnl 3 6 8  
 Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 17 of 149

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 0 2 / 1 1 / 2 0 2 1		*Crash Time (24HRMM) 0 6 0 0		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 3 2 7 9 5 1 3		Longitude (decimal degrees) - 0 9 7 3 2 2 7 7		<input type="checkbox"/> Outside City Limit	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed-Limit		Const. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 17		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. JBK4811		VIN 1 F T Y R 2 C G 7 G K B 5 0 4 1 1					
Veh. Year 2 0 1 6		6 Veh. Color WHI		Veh. Make FORD		Veh. Model TRANSIT CONNECT	
7 Body Style VN		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 17963569		9 DL Class C	
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 0 5 / 1 0 / 1 9 8 3			
Address (Street, City, State, ZIP) 139 CREASSER LN		RHOME		TX 76078			
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity B		Age 37		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97							
						Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.	
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		ENTERPRISE FM TRUST		ST LOUIS MO 63132	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name TRAVELERS		Fin. Resp. Num. 8102J330306	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 9-		LP-7		27 Vehicle Damage Rating 2 3-	
RP-7		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried <input checked="" type="checkbox"/> No			
Towed By BEARDS TOWING		Towed To BEARDS TOWING					
Unit Num. 18		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. HVB8086		VIN 3 M Z B M 1 K 7 0 G M 3 2 1 4 3 9					
Veh. Year 2 0 1 6		6 Veh. Color GRY		Veh. Make MAZDA		Veh. Model MAZDA3	
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 28719796		9 DL Class C	
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 0 6 / 2 2 / 1 9 9 3			
Address (Street, City, State, ZIP) 2830 S HULEN ST #166		FORT WORTH		TX 76109			
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity B		Age 27		15 Ethnicity W		16 Sex 2	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97							
						Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.	
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		GOYER ALEXANDRIA PAIGE		FORT WORTH TX 76109	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name GERMANIA		Fin. Resp. Num. 43043235174	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 9-		LP-7		27 Vehicle Damage Rating 2 12-	
FD-7		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried <input checked="" type="checkbox"/> No			
Towed By ABC TOWING		Towed To ABC TOWING					

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8/2/2021 5:38 PM

Hidalgo County District Clerk

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Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

Reviewed By: Alessandra Gahran

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	18	1		JOHN PETER SMITH HOSP	MEDSTAR 578	/ /
17	1		LOCAL HOSPITAL	SELF	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type	
	31 Bus Type		<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR		HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	
Unit Num.		<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:			

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
									98	3	97	3	2	6	96	

NARRATIVE AND DIAGRAM	Time Notified (24HR:MM)		How Notified	Time Arrived (24HR:MM)		Report Date (MM/DD/YYYY)	
		0 6 2 0	DISPATCH	0 6 4 0	0 3 / 0 1 / 2 0 2 1		

INVESTIGATOR	Invest. Comp.	Investigator Name (Printed)	ID Num.
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HARPER, G. MARTIN, K	3380-3421

ORI Num.	Agency	Service/Region/DA
TX 2 2 0 1 2 0 0	FORT WORTH POLICE DEPARTMENT	C E N T R L

DIAGRAM ON SEPARATE PAGE

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Units 1 4 8  
 Total Num. 8/24/2021 5:38 PM  
 Prsnl 1 3 6  
 Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 19 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277			
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private-Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 19		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State OR	
LP Num. YASF134		VIN 1N P 5 L B 9 X 7 7 N 7 4 2 6 7 0					
Veh. Year 2007		6 Veh. Color WHI		Veh. Make PETERBILT		Veh. Model 397	
7 Body Style TT		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 19529423		9 DL Class A	
10 CDL End. T		11 DL Rest. 96		DOB (MM/DD/YYYY) 11/29/1977			
Address (Street, City, State, ZIP) 16111 MARCELIA DR HOUSTON TX 77049							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: MONTES ARTURO	
14 Injury Severity B		Age 43		Ethnicity H		16 Sex 1	
17 Eject 1		18 Restr. 1		19 Airbag 97		20 Helmet N	
21 Sol. 96		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97							
Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		SIERRA MOUNTAIN EXPRESS 14440 N BYBEE LAKE RD		PORTLAND OR 97203	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired		26 Fin. Resp. Type 1		Fin. Resp. Name NATIONAL INTERSTATE		Fin. Resp. Num. SME8197001	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1-		FD-7		27 Vehicle Damage Rating 2 12-	
FR-7		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried <input checked="" type="checkbox"/> No			
Towed By MILNER		Towed To MILNER TOWING					
Unit Num. 20		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State OR	
LP Num. HV51486		VIN 1B 9 C S 4 5 2 0 7 P 2 7 5 4 9 6					
Veh. Year 2007		6 Veh. Color BLU		Veh. Make BOYD TANK TRAILERS		Veh. Model NOT APPLICABLE	
7 Body Style TL		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class	
10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP)							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num.		12 Psn. Type		13 Seat Position		Name:	
14 Injury Severity		Age		Ethnicity		16 Sex	
17 Eject		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec.		23 Drug Spec.		24 Drug Result	
25 Drug Category							
Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		SIERRA MOUNTAIN EXPRESS 14440 N BYBEE LAKE RD		PORTLAND OR 97203	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired		26 Fin. Resp. Type 1		Fin. Resp. Name NATIONAL INTERSTATE		Fin. Resp. Num. SME8197001	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 6-		RD-2		27 Vehicle Damage Rating 2 -	
FR-		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried <input checked="" type="checkbox"/> No			
Towed By MILNER		Towed To MILNER TOWING					



TxDOT Crash ID	
-------------------	--

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Reviewed By	Time of Death (24HR:MM)								
	19	1	LOCAL HOSPITAL	SELF	/ /										
					/ /										
					/ /										
					/ /										
					/ /										
CHARGES	Unit Num.	Prsn. Num.	Charge				Citation/Reference Num.								
DAMAGE	Damaged Property Other Than Vehicles			Owner's Name			Owner's Address								
CMV	Unit Num.	10,001+ LBS.	TRANSPORTING HAZARDOUS MATERIAL	9+ CAPACITY	CMV Disabling Damage?	Yes	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type					
	19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No	1	1	00365516	6-					
	Carrier's Corp. Name	SIERRA MOUNTAIN		Carrier's Primary Addr.	14440 N BYBEE LAKE RD		PORTLAND		OR 97203						
	31 Bus Type	0	RGVW	52000	HazMat Released	Yes	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type				
FACTORS & CONDITIONS	Unit Num.	20	RGVW	48000	34 Trlr. Type	1	CMV Disabling Damage?	Yes	Unit Num.	RGVW	34 Trlr. Type	CMV Disabling Damage?	Yes		
	Sequence Of Events	35 Seq. 1	98	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	Yes	Actual Gross Weight	Total Num. Axles:					
	36 Contributing Factors (Investigator's Opinion)					37 Vehicle Defects (Investigator's Opinion)					Environmental and Roadway Conditions				
	Unit #	Contributing		May Have Contrib.		Contributing		May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition
NARRATIVE AND DIAGRAM															
	DIAGRAM ON SEPARATE PAGE														
INVESTIGATOR	Time Notified (24HR:MM)	0620		How Notified	DISPATCH		Time Arrived (24HRMM)	0640		Report Date (MM/DD/YYYY)	03/01/2021				
	Invest. Comp.	<input checked="" type="checkbox"/>	Investigator Name (Printed)	HARPER, G.		MARTIN, K		ID Num.	3380-3421						
	ORI Num.	TX2201200		Agency	FORT WORTH POLICE DEPARTMENT							Service/Region/DA	CENTRAL		

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Units 1 4 8  
 Total Num. 8/2/2021 5:38 PM  
 Prsn 3 6  
 Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 21 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit	
Const. Zone <input checked="" type="checkbox"/> No		Workers Present <input checked="" type="checkbox"/> No		Street Desc.			
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At-Int. <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 21		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. NFK9887		VIN 1C6RR7LM1F539946					
Veh. Year 2015		6 Veh. Color WHI		Veh. Make DODGE		Veh. Model RAM 1500	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 22421558		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 07/13/1989			
Address (Street, City, State, ZIP) 3720 RIVER BIRCH RD - FORT WORTH TX 76137							
Person Num. 1		12 Psn. Type 1		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity B		Age 31		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address CRAWFORD BRIAN 3720 RIVER BIRCH RD FORT WORTH TX 76137					
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE		Fin. Resp. Num. 937701019	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 6-	
RD-5		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried <input checked="" type="checkbox"/> No			
Towed By ABC TOWING		Towed To ABC TOWING					
Unit Num. 22		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. MJW4810		VIN 5XYP64H2LG029498					
Veh. Year 2020		6 Veh. Color GRY		Veh. Make KIA		Veh. Model UNKNOWN	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 12747093		9 DL Class C	
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 01/25/1940			
Address (Street, City, State, ZIP) 8537 WOODLAKE CIR FORT WORTH TX 76179							
Person Num. 1		12 Psn. Type 1		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity A		Age 81		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address CROSS ROBERT MICHAEL 8537 WOODLAKE CIR FORT WORTH TX 76179					
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ALLSTATE		Fin. Resp. Num. 836230560	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 9-	
LP-7		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried <input checked="" type="checkbox"/> No			
Towed By ABC TOWING		Towed To ABC TOWING					

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Hidalgo County District Clerk

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Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	22	1	JOHN PETER SMITH HOSP	MEDSTAR	/ /	
	22	2	JOHN PETER SMITH HOSP	MEDSTAR	/ /	
	21	1	LOCAL HOSPITAL	SELF	/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	Carrier's Corp. Name								
	Carrier's Primary Addr.								
	31 Bus Type	<input type="checkbox"/> RGWW	<input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
	Unit Num.	<input type="checkbox"/> RGWW	<input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW	<input type="checkbox"/> GVWR	34 Trlr. Type

FACTORS & CONDITIONS	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles

36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
								98	3	97	3	2	6	96	

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE													

INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	0	1	2	0	2	1
	Invest. Comp.	<input checked="" type="checkbox"/> Yes																			
	Invest. Name (Printed)	HARPER, G. MARTIN, K																			
	ID Num.	3380-3421																			
	ORI Num.	TX 22012000 *Agency FORT WORTH POLICE DEPARTMENT																			

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Units  
 Total Num. 8/2/2021 5:38 PM  
 Prsnl Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 23 of 149

Refer to Attached Code Sheet for Numbered Fields

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277			
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 23		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. 1L57140		VIN 1FUBCYCS13HM01664					
Veh. Year 2003		6 Veh. Color RED		Veh. Make FREIGHTLINER		Veh. Model UNKNOWN	
7 Body Style TR		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 46057967		9 DL Class A	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 08/13/1999			
Address (Street, City, State, ZIP) 3974 N STORY RD #925 IRVING TX 75038							
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity		Age		15 Ethnicity	
16 Sex		17 Eject.		18 Restr.		19 Airbag	
20 Helmet		21 Sol.		22 Alc. Spec.		Alc. Result	
23 Drug Spec.		24 Drug Result		25 Drug Result		26 Drug Category	
1		1		1		MCENLEY JALEN	
N		21		B		1	
1		1		1		1	
97		N		96		96	
97		97		97		97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		COCA COLA SOUTHWEST BEVERAGES LL		FORT WORTH TX 76137	
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		26 Fin. Resp. Type 1		Fin. Resp. Name BEECHER CARLSON INS		Fin. Resp. Num. 404-460-1401	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-2		27 Vehicle Damage Rating 2 -	
Vehicle Inventoried <input checked="" type="checkbox"/> No							
Towed By DRIVEN		Towed To 3400 FOSSIL CREEK BL					
Unit Num. 24		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. 80918Z		VIN 2M1N01JAL261008625					
Veh. Year 2006		6 Veh. Color RED		Veh. Make TRAILMOBILE		Veh. Model NOT APPLICABLE	
7 Body Style TL		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class	
10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP)							
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity		Age		15 Ethnicity	
16 Sex		17 Eject.		18 Restr.		19 Airbag	
20 Helmet		21 Sol.		22 Alc. Spec.		Alc. Result	
23 Drug Spec.		24 Drug Result		25 Drug Result		26 Drug Category	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		COCA COLA SOUTHWEST BEVERAGES LL		FORT WORTH TX 76137	
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		26 Fin. Resp. Type 1		Fin. Resp. Name BEECHER CARLSON INS		Fin. Resp. Num. 404-460-1401	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 6-		RD-1		27 Vehicle Damage Rating 2 -	
Vehicle Inventoried <input checked="" type="checkbox"/> No							
Towed By DRIVEN		Towed To 3400 FOSSIL CREEK BLVD					

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Hidalgo County District Clerk

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

Reviewed By: Alessandra Gahan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
						/ /
					/ /	
					/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	10,001+ LBS.	TRANSPORTING HAZARDOUS MATERIAL	9+ CAPACITY	CMV Disabling Damage?	Yes	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
		23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No	2	1
	Carrier's Corp. Name COCA COLA								
	Carrier's Primary Addr. 6101 AVE A LUBBOCK TX 79404								
	31 Bus Type	0	RGVW	34700	HazMat Released	Yes	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
			<input checked="" type="checkbox"/>		<input type="checkbox"/>	No			3
	Unit Num.	24	RGVW	12100	34 Trlr. Type	1	CMV Disabling Damage?	Yes	Unit Num.
			<input checked="" type="checkbox"/>		<input type="checkbox"/>	No			
	Sequence Of Events	35 Seq. 1	98	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	Yes	Actual Gross Weight
							<input type="checkbox"/>	No	
	Total Num. Axles:								

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
									98	3	97	3	2	6	96	

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE														

INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HRMM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	0	1	2	0	2	1	
		Invest. Comp.	<input checked="" type="checkbox"/>	Yes	Investigator Name (Printed)	HARPER, G. MARTIN, K				ID Num.	3380-3421											
	ORI Num.	TX 2201200										*Agency	FORT WORTH POLICE DEPARTMENT									
	Service/Region/DA	CENTRAL																				



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Units 1 3 6  
 Total Num. 8/2/2021 5:38 PM  
 Units 1 3 6  
 Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 25 of 149

Refer to Attached Code Sheet for Numbered Fields

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 0 2 / 1 1 / 2 0 2 1		*Crash Time (24HRMM) 0 6 0 0		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 3 2 7 9 5 1 3		Longitude (decimal degrees) - 0 9 7 3 2 2 7 7	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit	
Const. Zone <input checked="" type="checkbox"/> No		Workers Present <input checked="" type="checkbox"/> No		Street Desc.			
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 25		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. BX6W775		VIN 1 Z V H T 8 2 H 7 8 5 1 5 9 0 1 0					
Veh. Year 2 0 0 8		6 Veh. Color BLK		Veh. Make FORD		Veh. Model MUSTANG	
7 Body Style P2		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 11375695		9 DL Class C	
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 0 3 / 0 2 / 1 9 8 8			
Address (Street, City, State, ZIP) 14009 TANGLEBRUSH TRL HASLET TX 76052							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity B		Age 32		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97							
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		DUDDINGTON DUSTIN DALE		HASLET TX 76052	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired		26 Fin. Resp. Type 1		Fin. Resp. Name TX FARM BUREAU		Fin. Resp. Num. 23296973	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 6-	
RD-7		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried			
Towed By BEARDS TOWING		Towed To BEARDS TOWING					
Unit Num. 26		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. AY74324		VIN 1 F D S E 3 F L 4 B D B 0 5 6 5 9					
Veh. Year 2 0 1 1		6 Veh. Color BLU		Veh. Make FORD		Veh. Model ECONOLINE	
7 Body Style VN		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 39903462		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 1 1 / 0 4 / 1 9 9 8			
Address (Street, City, State, ZIP) 713 TURNER BLVD GRAND PRAIRIE TX 75050							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity B		Age 22		15 Ethnicity W		16 Sex 2	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97							
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		MCDANIEL AND SON PLUMBING		2215 W HARRIS RD ARLINGTON TX 76001	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired		26 Fin. Resp. Type 1		Fin. Resp. Name STATE AUTO		Fin. Resp. Num. BAP2470291	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 6-	
RD-7		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried			
Towed By TEXAS TOWING		Towed To TEXAS TOWING YARD					

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8/2/2021 5:38 PM

Hidalgo County District Clerk

Reviewed By: Alessandra Galvan

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	25	1		LOCAL HOSPITAL	SELF	/ /
26	1		LOCAL HOSPITAL	SELF	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR				HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.
33 Cargo Body Type									
Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR				34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight		Total Num. Axles:	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
									98	3	97	3	2	6	96	

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE															

INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How. Notified	DISPATCH	Time Arrived (24HRMM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	/	0	1	/	2	0	2	1
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					Investigator Name (Printed)	HARPER, G.	MARTIN, K					ID Num.	3380-3421								
ORI Num.	T X 2 2 0 1 2 0 0				*Agency	FORT WORTH POLICE DEPARTMENT											Service/Region/DA	C E N T R L					

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Units 1 4 8  
 Total Num. 8/2/2021 5:38 PM  
 Prsnl 13 6  
 Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 27 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit	
Const. Zone <input checked="" type="checkbox"/> No		Workers Present <input checked="" type="checkbox"/> No		Street Desc.			
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 27		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. KMG4544		VIN 1 H G C P 2 F 8 7 B A 0 8 7 3 2 9					
Veh. Year 2011		6 Veh. Color GRAY		Veh. Make HONDA		Veh. Model ACCORD	
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 34472157		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 10/30/1995			
Address (Street, City, State, ZIP) 3301 CALERA TRL #3111 FORT WORTH TX 76177							
Person Num. 1		12 Psn. Type 1		13 Seat Position		Name: Last, First, Middle - Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity B		Age 25		15 Ethnicity W		16 Sex 2	
17 Eject. 1		18 Restr. 1		19 Airbag 3		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		ENGEL HUNTER 9531 HACKAMORE CT		JUSTIN TX 76247	
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name STATE FARM	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 3-		RP-7		27 Vehicle Damage Rating 2 6-	
RD-7		Vehicle Inventoried <input checked="" type="checkbox"/> No					
Towed By A1 TOWING		Towed To A1 TOWING					
Unit Num. 28		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. HRT5651		VIN 1 9 X F C 1 F 3 6 G E 0 1 2 7 3 1					
Veh. Year 2016		6 Veh. Color BLK		Veh. Make HONDA		Veh. Model CIVIC	
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 9748792		9 DL Class C	
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 11/25/1955			
Address (Street, City, State, ZIP) 221 SCHREIBER DR HASLET TX 76052							
Person Num. 1		12 Psn. Type 1		13 Seat Position		Name: Last, First, Middle - Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity B		Age 65		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		HIATT NANCY 221 SCHREIBER DR		JEAN HASLET TX 76052	
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name STATE FARM	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 6-		RD-7		27 Vehicle Damage Rating 2 3-	
RP-7		Vehicle Inventoried <input checked="" type="checkbox"/> No					
Towed By TEXAS TOWING		Towed To TEXAS TOWING					

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8/2/2021 5:38 PMLaw Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDHidalgo County District Clerk  
Reviewed By: Alessandra Garhan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	27	1		LOCAL HOSPITAL	SELF	/ /
28	1		LOCAL HOSPITAL	SELF	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR							
32 HazMat Class Num.									
33 Cargo Body Type									
34 Trlr. Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR								
35 Seq. 1									
35 Seq. 2									
35 Seq. 3									
35 Seq. 4									
Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No								
Actual Gross Weight									
Total Num. Axles:									

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
									98	3	97	3	2	6	96	

INVESTIGATOR	Time Notified (24HR:MM)				How Notified	Time Arrived (24HRMM)				Report Date (MM/DD/YYYY)				ID Num.
		0	6	2	0	DISPATCH	0	6	4	0	0	3	0	1
Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) HARPER, G. MARTIN, K								3380-3421				
ORI Num.	TX 22012000				*Agency FORT WORTH POLICE DEPARTMENT				Service/Region/DA CENTRAL					

DIAGRAM ON SEPARATE PAGE

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total  
Num. 1 4 8  
Units

 Total  
Num. 8/2/2021 5:38 PM  
Prsn. 3 6  
Hidalgo County District Clerks

Electronically Filed

 Reviewed By: Alessandra Galvan  
Page 29 of 149

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local User	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 29		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. 1RY443		VIN 3C63RRAL4JG285550					
Veh. Year 2018		6 Veh. Color WHI		Veh. Make DODGE		Veh. Model RAM 3500	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 15742576		9 DL Class CM	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 02/25/1976			
Address (Street, City, State, ZIP) 390 CR 3330 BRIDGEPORT TX 76426							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity B		Age 44		15 Ethnicity W	
16 Sex 1		17 Eject. 1		18 Restr. 1		19 Airbag 5	
20 Helmet 97		21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		GOBER KERRY QUINN		- BRIDGEPORT TX 76426	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired		26 Fin. Resp. Type 1		Fin. Resp. Name TEXAS FARM BUREAU		Fin. Resp. Num. 23339403	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 6-	
RD-7		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried			
Towed By BEARDS TOWING		Towed To BEARDS TOWING					
Unit Num. 30		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. DXL6453		VIN 1C4RDHAG4D1C592920					
Veh. Year 2013		6 Veh. Color RED		Veh. Make DODGE		Veh. Model DURANGO	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 17820436		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 10/22/1981			
Address (Street, City, State, ZIP) 12928 PARADE GROUNDS LN FORT WORTH TX 76244							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity B		Age 39		15 Ethnicity B	
16 Sex 2		17 Eject. 1		18 Restr. 1		19 Airbag 5	
20 Helmet 97		21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		BENSON REBECCA ANN		FORT WORTH TX 76244	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired		26 Fin. Resp. Type 1		Fin. Resp. Name LIBERTY COUNTY MUTUAL		Fin. Resp. Num. Y8721709	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 9-	
LP-7		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried			
Towed By MILNER TOWING		Towed To MILNER TOWING					



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8/2/2021 5:38 PM

Hidalgo County District Clerk

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Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	29	1		HARRIS DOWNTOWN	SELF	/ /
30	1		HARRIS DOWNTOWN	SELF	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type		
	31 Bus Type		<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR			HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
Unit Num.		<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR			34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight		Total Num. Axles:			

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
									98	3	97	3	2	6	96

NARRATIVE AND DIAGRAM	Time Notified (24HR:MM)		How Notified	Time Arrived (24HR:MM)		Report Date (MM/DD/YYYY)											
		0	6	2	0	DISPATCH	0	6	4	0	0	3	0	1	2	0	2

INVESTIGATOR	Invest. Comp.	Investigator Name (Printed)	ID Num.	Service/Region/DA
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HARPER, G.	MARTIN, K	3380-3421

ORI Num.	Agency
T X 2 2 0 1 2 0 0	FORT WORTH POLICE DEPARTMENT

DIAGRAM ON SEPARATE PAGE

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Units 1 3 6  
 Total Num. 8/2/2021 5:38 PM  
 Prsnl 1 3 6  
 Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457.

Reviewed By: Alessandra Galvan

Page 31 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit	
Const. Zone <input checked="" type="checkbox"/> No				Workers Present <input checked="" type="checkbox"/> No		Street Desc.	
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 31		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. NXN0515		VIN 1C4RJEBG6M511468					
Veh. Year 2021		6 Veh. Color BLK		Veh. Make JEEP		Veh. Model GRAND CHEROKEE	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 15573968		9 DL Class C	
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 08/09/1975			
Address (Street, City, State, ZIP) 12240 WALDEN WOOD DR FORT WORTH TX 76244							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle LIVESAY ANGIE DENISE	
14 Injury Severity B		Age 45		15 Ethnicity W		16 Sex 2	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97		Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address LIVESAY ANGIE DENISE 12240 WALDEN WOOD DR FORT WORTH TX 76244							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name TRAVELERS INSURANCE	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 3-	
Towed By TEXAS TOWING		Towed To TEXAS TOWING		Vehicle Inventoried <input checked="" type="checkbox"/> No			
Unit Num. 32		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. LPX6792		VIN JN1BJ0HPXE1210860					
Veh. Year 2014		6 Veh. Color WHI		Veh. Make INFINITI		Veh. Model QX50	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 11716940		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 08/31/1960			
Address (Street, City, State, ZIP) 7791 ARCADIA TRL FORT WORTH TX 76137							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle PAARUP MICHAEL	
14 Injury Severity N		Age 60		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97		Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address PAARUP MICHAEL 7791 ARCADIA TRL FORT WORTH TX 76137							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 6-	
Towed By ABC TOWING		Towed To ABC TOWING		Vehicle Inventoried <input checked="" type="checkbox"/> No			

Case ID 210011068

TxDOT Crash ID	
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Electronically Filed  
8/2/2021 5:38 PM  
Hidalgo County District Clerks  
Reviewed By: Alessandra Galyan

DISPOSITION OF INJURED/KILLED		Unit Num.	Prsn. Num.	Taken To		Taken By		Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)						
		31	1	LOCAL HOSPITAL		SELF		/ /								
								/ /								
								/ /								
								/ /								
								/ /								
CHARGES	Unit Num.	Prsn. Num.	Charge							Citation/Reference Num.						
DAMAGE	Damaged Property Other Than Vehicles				Owner's Name				Owner's Address							
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.		30 Veh. Type					
	Carrier's Corp. Name			Carrier's Primary Addr.								33 Cargo Body Type				
	31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type							
	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:							
	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
FACTORS & CONDITIONS	Unit #	Contributing		May Have Contrib.		Contributing		May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
										98	3	97	3	2	6	96
NARRATIVE AND DIAGRAM																
INVESTIGATOR	Time Notified (24HR:MM)		0 6 2 0		How Notified		DISPATCH		Time Arrived (24HRMM)		0 6 4 0		Report Date (MM/DD/YYYY)		0 3 / 0 1 / 2 0 2 1	
	Invest. Comp.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Investigator Name (Printed)		HARPER, G. MARTIN, K		ID Num.		3380-3421		Service/Region/DA		C E N T R L	
	ORI Num.		TX 2 2 0 1 2 0 0		Agency		FORT WORTH POLICE DEPARTMENT									

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Units 1 3 8  
 Total Num. 8/2/2021 5:38 PM  
 Prsnl 1 3 8  
 Electronic Filed  
 Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 33 of 149

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277			
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 33		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. MSC1553		VIN 2 T 1 B U 4 E E 4 B C 6 1 6 1 1 0					
Veh. Year 2011		6 Veh. Color SIL		Veh. Make TOYOTA		Veh. Model COROLLA	
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99	
10 CDL End. 99		11 DL Rest. 99		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP) UNKNOWN UNKNOWN UN UNK							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		14 Injury Severity 99	
15 Age 99		16 Sex 99		17 Eject 1		18 Restr. 99	
19 Airbag 5		20 Helmet 97		21 Sol. N		22 Alc. Spec. 96	
23 Drug Spec. 96		24 Drug Result 97		25 Drug Result 97		26 Drug Category	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		LUCKEY LATRICE -KNESHUN		FORT WORTH TX 76112	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name HOME STATE COUNTY		Fin. Resp. Num. MST01714623-00	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12- FD-7		27 Vehicle Damage Rating 2 6- RD-7		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By TEXAS TOWING		Towed To TEXAS TOWING					
Unit Num. 34		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. CVZ6452		VIN 3 V W D X 7 A J 7 B M 3 3 0 5 4 9					
Veh. Year 2011		6 Veh. Color BLU		Veh. Make VOLKSWAGEN		Veh. Model JETTA	
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 39911636		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 08/12/1999			
Address (Street, City, State, ZIP) 6716 RIDGEWOOD DR NORTH RICHLAND HILLS TX 76182							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		14 Injury Severity B	
15 Age 21		16 Sex W		17 Eject 1		18 Restr. 1	
19 Airbag 5		20 Helmet 97		21 Sol. N		22 Alc. Spec. 96	
23 Drug Spec. 96		24 Drug Result 97		25 Drug Result 97		26 Drug Category	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		YOUNG JACOB ALEXANDER		NORTH RICHLAND HILLS TX 76182	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name GEICO		Fin. Resp. Num. 4220496642	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12- FD-7		27 Vehicle Damage Rating 2 6- RD-7		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By CORNISH TOWING		Towed To CORNISH TOWING					

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Hidalgo County District Clerk

Reviewed By: Alessandra Galvan

Law Enforcement and TxDOT Use ONLY.

Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	34	1	LOCAL HOSPITAL	SELF	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
	Carrier's Corp. Name		Carrier's Primary Addr.						30 Veh. Type
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit #	Contributing		May Have Contrib.	Unit #	Contributing		May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
									98	3	97	3	2	6	96

NARRATIVE AND DIAGRAM	<p style="text-align: center;">DIAGRAM ON SEPARATE PAGE</p>															

INVESTIGATOR	Time Notified (24HR:MM)	0 6 2 0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0 6 4 0	Report Date (MM/DD/YYYY)	0 3 / 0 1 / 2 0 2 1
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	HARPER, G. MARTIN, K	ID Num.	3380-3421		
	ORI Num.	TX 2 2 0 1 2 0 0			*Agency	FORT WORTH POLICE DEPARTMENT		Service/ Region/DA



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Units 1 3 6  
 Total Num. 3 6  
 Units 1 3 6

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Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

Reviewed By: Alessandra Galvan

Page 35 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277			
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 35		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. HFK4315		VIN 1GCG1KXC89EF127259					
Veh. Year 2014		6 Veh. Color WHI		Veh. Make CHEVROLET		Veh. Model SILVERADO	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 24007807		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 07/19/1990			
Address (Street, City, State, ZIP) 1200 ALLIANCE BLVD RHOME TX 76078							
Person Num. 1		12 Prsn. Type 1		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity B		Age 30		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		GUTHRIE NEAL WILLIAM		RHOME TX 76078	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name AGRICULTURAL WORKERS MUTUAL		Fin. Resp. Num. A6TX000042	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 6-	
RD-7		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried <input checked="" type="checkbox"/> No			
Towed By CORNISH TOWING		Towed To CORNISH TOWING					
Unit Num. 36		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. NRW4472		VIN 1F MFU16558LA86757					
Veh. Year 2008		6 Veh. Color WHI		Veh. Make FORD		Veh. Model EXPEDITION	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 14170036		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 10/11/1984			
Address (Street, City, State, ZIP) 12525 HAVERHILL DR FORT WORTH TX 76244							
Person Num. 1		12 Prsn. Type 1		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity N		Age 36		15 Ethnicity A		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		MURSALIN WALID		FORT WORTH TX 76244	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE		Fin. Resp. Num. 936329750	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 3-	
RP-7		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried <input checked="" type="checkbox"/> No			
Towed By ABC TOWING		Towed To ABC TOWING					

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Hidalgo County District Clerk

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Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	35	1	LOCAL HOSPITAL	SELF	/ /	
				/ /		
				/ /		
				/ /		
				/ /		
				/ /		
				/ /		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
	Carrier's Corp. Name	Carrier's Primary Addr.						30 Veh. Type
	31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control		
								98	3	97	3	2	6	96		

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE											

INVESTIGATOR	Time Notified (24HR:MM)	How Notified	Time Arrived (24HR:MM)	Report Date (MM/DD/YYYY)
		0 6 2 0	DISPATCH	0 6 4 0

INVESTIGATOR	Invest. Comp.	Investigator Name (Printed)	ID Num.
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HARPER, G. MARTIN, K	3380-3421

ORI Num.	*Agency	Service/Region/DA
TX 2 2 0 1 2 0 0	FORT WORTH POLICE DEPARTMENT	C E N T R L

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Units 1 4 8  
 Total Num. 3 6  
 Persons 3 6  
 8/2/2021 5:38 PM  
 Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

Reviewed By: Alessandra Galvan

Page 37 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit	
Const. Zone <input checked="" type="checkbox"/> No		Workers Present <input checked="" type="checkbox"/> No		Street Desc.			
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 37		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. KCM1666		VIN K N D M B 5 C 1 2 H 6 2 2 4 8 7 6					
Veh. Year 2017		6 Veh. Color SIL		Veh. Make KIA		Veh. Model SEDONA	
7 Body Style VN		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 25831853		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 08/20/1974			
Address (Street, City, State, ZIP) 10500 ARANSAS DR FORT WORTH TX 76131							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: THURMAN OPAL CHRISTINE	
14 Injury Severity A		Age 46		Ethnicity W		Sex 2	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97							
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address THURMAN OPAL CHRISTINE 10500 ARANSAS DR FORT WORTH TX 76131							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name STATE FARM	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 6-	
RD-7		Vehicle Inventoried <input checked="" type="checkbox"/> No					
Towed By MILNER TOWING				Towed To MILNER TOWING			
Unit Num. 38		5 Unit Desc. 4		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State UN	
LP Num.		VIN					
Veh. Year		6 Veh. Color		Veh. Make		Veh. Model	
7 Body Style		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99	
10 CDL End. 99		11 DL Rest. 99		DOB (MM/DD/YYYY) 10/22/1974			
Address (Street, City, State, ZIP) UNKNOWN UNKN UN UNK							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 4		13 Seat Position 16		Name: QUERALES TAMARA SATIMA	
14 Injury Severity K		Age 46		Ethnicity H		Sex 2	
17 Eject. 97		18 Restr. 97		19 Airbag 97		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97							
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address							
Proof of Fin. Resp. <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type		Fin. Resp. Name	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 -		-		27 Vehicle Damage Rating 2 -	
RD-7		Vehicle Inventoried <input type="checkbox"/> No					
Towed By				Towed To			

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Hidalgo County District Clerk

Reviewed By: Alessandra Galvan

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	37	1		MEDICAL CITY ALLIANCE	MEDSTAR	/ /
38	1		TC MORGUE	FORT WORTH FUNERALS AND CREMATIONS	0 2 / 1 1 / 2 0 2 1	0 6   0   0
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	31 Bus Type		<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.
Unit Num.		<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight		Total Num. Axles:	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
										98	3	97	3	2	6	96

NARRATIVE AND DIAGRAM	Time Notified (24HR:MM)		How Notified	Time Arrived (24HR:MM)		Report Date (MM/DD/YYYY)	
		0 6   2   0	DISPATCH	0 6   4   0	0 3 / 0 1 / 2 0 2 1		

INVESTIGATOR	Invest. Comp.	Investigator Name (Printed)	ID Num.
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HARPER, G. MARTIN, K	3380-3421

ORI Num.	*Agency	Service/ Region/DA
T X 2 2 0 1 2 0 0	FORT WORTH POLICE DEPARTMENT	C E N T R L

DIAGRAM ON SEPARATE PAGE

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONETotal Num. 1 4 8  
Units 1 4 8  
Total Num. 8/24/2021 5:38 PM  
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Hidalgo County District Clerks

Reviewed By: Alessandra Galvan

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## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit	
Const. Zone <input checked="" type="checkbox"/> No				Workers Present <input checked="" type="checkbox"/> No		Street Desc.	
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 39		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State IN	
LP Num. 2839769		VIN 3AKJHL9M5G0565					
Veh. Year 2021		6 Veh. Color WHI		Veh. Make FREIGHTLINER		Veh. Model UNKNOWN	
7 Body Style TR		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 41868911		9 DL Class A	
10 CDL End. H		11 DL Rest P27		DOB (MM/DD/YYYY) 08/23/1979			
Address (Street, City, State, ZIP) 1704 GRIFFIN LN MANSFIELD TX 76063							
Person Num. 1		12 Pers. Type 1		13 Seat Position 1		Name: Last, First, Middle ERNST	
14 Injury Severity N		Age 41		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 1		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address JB HUNT TRANSPORT INC 615 JB HUNT CORP DR		LOWELL AR 72745			
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ACE AMERICAN INS.	
Fin. Resp. Num. H25307951		27 Vehicle Damage Rating 1 11"		LFG-7		27 Vehicle Damage Rating 2 1"	
RFQ-7		Vehicle Inventoried <input checked="" type="checkbox"/> No					
Towed By BEARDS TOWING		Towed To 1150 INTERMODAL PKWY					
Unit Num. 40		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State OK	
LP Num. 1631JJ		VIN LJRC54260C1002247					
Veh. Year 2012		6 Veh. Color ONG		Veh. Make CIMC TRAILERS		Veh. Model NOT APPLICABLE	
7 Body Style TL		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class	
10 CDL End.		11 DL Rest		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP)							
Person Num.		12 Pers. Type		13 Seat Position		Name: Last, First, Middle	
14 Injury Severity		Age		15 Ethnicity		16 Sex	
17 Eject.		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec.		23 Drug Spec.		24 Drug Result	
25 Drug Category		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address JB HUNT TRANSPORT INC 615 JB HUNT CORP DR		LOWELL AR 72745			
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ACE AMERICAN INS.	
Fin. Resp. Num. H25307951		27 Vehicle Damage Rating 1 -		BD-2		27 Vehicle Damage Rating 2 -	
BR-2		Vehicle Inventoried <input checked="" type="checkbox"/> No					
Towed By BEARDS TOWING		Towed To 1150 INTERMODAL PKWY					



Hidalgo County District Clerks—  
Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Reviewed By: Alesha H. G. San	Time of Death (24HR:MM)									
					/ /											
					/ /											
					/ /											
					/ /											
					/ /											
CHARGES	Unit Num.	Prsn. Num.	Charge				Citation/Reference Num.									
DAMAGE	Damaged Property Other Than Vehicles			Owner's Name			Owner's Address									
CMV	Unit Num.	39	<input checked="" type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	1	29 Carrier ID Type	1	Carrier ID Num.	00800806				
	Carrier's Corp. Name	JB HUNT			Carrier's Primary Addr.	1150 INTERMODAL PKWY			HASLET		TX	76052	30 Veh. Type	5		
	31 Bus Type	0	<input type="checkbox"/> RGWV <input checked="" type="checkbox"/> GVWR	52000	HazMat Released <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	3	CMV Disabling Damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
	Unit Num.	40	<input type="checkbox"/> RGWV <input checked="" type="checkbox"/> GVWR	68000	34 Trlr. Type	1	CMV Disabling Damage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input checked="" type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
FACTORS & CONDITIONS	Sequence Of Events	35 Seq. 1	98	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:						
	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing		May Have Contrib.		Contributing		May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
										98	3	97	3	2	-6	96
NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE															
INVESTIGATOR	Time Notified (24HR:MM)	0 6 2 0			How Notified	DISPATCH			Time Arrived (24HR:MM)	0 6 4 0			Report Date (MM/DD/YYYY)	0 3 / 0 1 / 2 0 2 1		
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)			HARPER, G.			MARTIN, K			ID Num.	3380-3421			
	ORI Num.	TX 2201200			*Agency			FORT WORTH POLICE DEPARTMENT			Service/Region/DA	CENTRAL				

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE
Total  
Num. 1 4 8  
UnitsTotal  
Num. 3 6  
Prsn

Electronically Filed

8/2/2021 5:38 PM

Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

Reviewed By: Alessandra Galvan

Page 41 of 149

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

★Crash Date (MM/DD/YYYY) 02/11/2021		★Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
★County Name TARRANT				★City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277			
ROAD ON WHICH CRASH OCCURRED							
★1 Rdwy. Sys. TL		★Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		★Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/ Toll Lane		Speed Limit		Const. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 41		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run	
LP State TX		LP Num. R400997		VIN 1XP4H49X7ED227408			
Veh. Year 2014		6 Veh. Color BLU		Veh. Make PETERBILT		Veh. Model UNKNOWN	
7 Body Style TR		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 25115658		9 DL Class A	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 02/13/1991			
Address (Street, City, State, ZIP) 3304 SAN ESTEBAN ST MISSION TX 78572							
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity		Age		15 Ethnicity		16 Sex	
17 Eject		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.	
24 Drug Result		25 Drug Category					
1		1		1		DURAN JOSE BRENT	
B		29		H		1	
1		1		1		1	
97		N		96		96	
97		97		97		97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		G.G'S PRODUCE 2305 E TRENTON RD		EDINBURG TX 78542	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired		26 Fin. Resp. Type 1		Fin. Resp. Name UNITED WISCONSIN INS. CO.		Fin. Resp. Num. UWPGA249602	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12"		FD-7		27 Vehicle Damage Rating 2 11"	
LD-7		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried			
Towed By ABC TOWING		Towed To 6831 OLD RANDOL MILL RD					
Unit Num. 42		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run	
LP State TX		LP Num. 055C370		VIN 1UYV525327U130350			
Veh. Year 2020		6 Veh. Color WHI		Veh. Make UTILITY TRAILER MFG		Veh. Model NOT APPLICABLE	
7 Body Style TL		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class	
10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP)							
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity		Age		15 Ethnicity		16 Sex	
17 Eject		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.	
24 Drug Result		25 Drug Category					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		I.GARZA LLC 2305 E TRENTON RD		EDINBURG TX 78542	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired		26 Fin. Resp. Type 1		Fin. Resp. Name UNITED WISCONSIN INS CO		Fin. Resp. Num. UWPGA249602	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 -		BL-5		27 Vehicle Damage Rating 2 -	
LFG-3		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried			
Towed By ABC TOWING		Towed To 6831 OLD RANDOL MILL RD					

Electronically Filed

8/2/2021 5:38 PM

Hidalgo County District Clerk

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Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

Reviewed By: Alessandra Gairan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	41	1		LOCAL HOSPITAL	SELF	/ /
					/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	10,001+ LBS.	TRANSPORTING HAZARDOUS MATERIAL	9+ CAPACITY	CMV Disabling Damage?	Yes	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
	41	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Yes	1	1
					<input type="checkbox"/>	No			

CMV	Carrier's Corp. Name	Carrier's Primary Addr.	City	State	Zip	30 Veh. Type
		G.G'S PRODUCE	2305 E TRENTON RD	EDINBURG	TX	78542

CMV	Unit Num.	RGVW	GVWR	51200	HazMat Released	Yes	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
	42	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	65000	1	<input type="checkbox"/>	No				
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Yes					

CMV	Unit Num.	RGVW	GVWR	34 Trlr. Type	CMV Disabling Damage?	Yes	Unit Num.	RGVW	GVWR	34 Trlr. Type	CMV Disabling Damage?
			<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	No		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Yes		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Unit #	Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
									98	3	97	3	2	6	96	

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE															

INVESTIGATOR	Time Notified (24HR:MM)	How Notified	Time Arrived (24HR:MM)	Report Date (MM/DD/YYYY)
		0620	DISPATCH	0640

INVESTIGATOR	Invest. Comp.	Investigator Name (Printed)	ID Num.
	<input checked="" type="checkbox"/>	HARPER, G.	MARTIN, K

ORI Num.	Agency	Service/Region/DA
	TX2201200	FORT WORTH POLICE DEPARTMENT

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Units 1 4 8  
 Total Num. 3 8  
 Present 3 8  
 8/2/2021 5:38 PM  
 Hidalgo County District Clerks

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*Crash Date (MM/DD/YYYY) 0 2 / 1 1 / 2 0 2 1		*Crash Time (24HRMM) 0 6 0 0		Case ID 210011068		Local Use																																																							
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit																																																							
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 3 2 7 9 5 1 3		Longitude (decimal degrees) - 0 9 7 3 2 2 7 7																																																							
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Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix -ST																																																							
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker																																																							
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Unit Num. 43		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX																																																							
LP Num. HDK4494		VIN 5 F N Y F 3 H 7 9 D B 0 1 3 7 9 3																																																											
Veh. Year 2 0 1 3		6 Veh. Color WHI		Veh. Make HONDA		Veh. Model PILOT																																																							
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																											
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 00212737		9 DL Class C																																																							
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 0 8 / 2 3 / 1 9 8 5																																																									
Address (Street, City, State, ZIP) 1205 MESA CREST DR HASLET TX 76052																																																													
Name: Last, First, Middle. Enter Driver or Primary Person for this Unit on first line																																																													
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Psn. Type</th> <th>13 Seat Position</th> <th>Name</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>FALKENBERG ALICIA MARRIE</td> <td>N</td> <td>35</td> <td>W</td> <td>2</td> <td>1</td> <td>1</td> <td>5</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>								Person Num.	12 Psn. Type	13 Seat Position	Name	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	FALKENBERG ALICIA MARRIE	N	35	W	2	1	1	5	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
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<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address FALKENBERG ALICIA MARRIE HASLET TX 76052 1205 MESA CREST DR Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name USAA Fin. Resp. Num. 0074683787101 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 6- RD-7 Vehicle Inventoried <input checked="" type="checkbox"/> No Towed By PERFECT TOWING Towed To PERFECT TOWING																																																													
Unit Num. 44 5 Unit Desc. 1 <input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run LP State UN LP Num. VIN Veh. Year 2 0 2 1 6 Veh. Color 99 Veh. Make UNKNOWN Veh. Model UNKNOWN 7 Body Style 99 <input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked) 8 DL/ID Type 99 DL/ID State UN DL/ID Num. 9 DL Class 99 10 CDL End. 99 11 DL Rest. 99 DOB (MM/DD/YYYY) / / Address (Street, City, State, ZIP) UNKNOWN UNK UN UNK Name: Last, First, Middle. Enter Driver or Primary Person for this Unit on first line <table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Psn. Type</th> <th>13 Seat Position</th> <th>Name</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>99</td> <td>1</td> <td>UNKNOWN UNK UNK</td> <td>99</td> <td></td> <td>99</td> <td>99</td> <td>99</td> <td>99</td> <td>99</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>								Person Num.	12 Psn. Type	13 Seat Position	Name	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	99	1	UNKNOWN UNK UNK	99		99	99	99	99	99	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
Person Num.	12 Psn. Type	13 Seat Position	Name	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																												
1	99	1	UNKNOWN UNK UNK	99		99	99	99	99	99	97	N	96		96	97	97																																												
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																													
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address UNKNOWN UNK UNK UNK UN UNK Proof of <input type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> Exempt 26 Fin. Resp. Type Fin. Resp. Name Fin. Resp. Num. 27 Vehicle Damage Rating 1 - - 27 Vehicle Damage Rating 2 - - Vehicle Inventoried <input checked="" type="checkbox"/> No Towed By Towed To																																																													

Electronically Filed  
8/2/2021 5:38 PMLaw Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDHidalgo County District Clerk  
Reviewed By: Alessandra Garban

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)																	
					/ /																		
					/ /																		
					/ /																		
					/ /																		
					/ /																		
CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.																			
DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address																			
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.															
	Carrier's Corp. Name		Carrier's Primary Addr.				30 Veh. Type																
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type															
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No															
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles															
FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions														
	Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control											
						98	3	97	3	2	6	96											
NARRATIVE AND DIAGRAM	<p style="text-align: center;">DIAGRAM ON SEPARATE PAGE</p>																						
INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	/	0	1	/	2	0	2	1
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) HARPER, G. MARTIN, K										ID Num.	3380-3421									
	ORI Num.	TX 22012000										*Agency	FORT WORTH POLICE DEPARTMENT					Service/Region/DA	CENTRAL				



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Units 1 4 8  
 Total Num. 8/2/2021 5:38 PM  
 Prsn. 3 8  
 Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 45 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277			
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4-Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 45		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. LRS7914		VIN K M 8 J 3 3 A 2 9 J U 8 2 9 8 0 1					
Veh. Year 2018		6 Veh. Color GRY		Veh. Make HYUNDAI		Veh. Model TUCSON	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 25208915		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 06/05/1991			
Address (Street, City, State, ZIP) 1215 CARAWAY LN HASLET TX 76052							
Person Num. 1		12 Psn. Type 1		13 Seat Position		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity		Age		15 Ethnicity	
16 Sex		17 Eject		18 Restr.		19 Airbag	
20 Helmet		21 Sol.		22 Alc. Spec.		23 Alc. Result	
24 Drug Spec.		25 Drug Result		26 Drug Category			
1		1		1		SHAABANI SARAH DANIELLE	
N		29		W		2	
1		1		5		97	
N		96				96	
97		97		97		97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		SHAABANI SARAH DANIELLE		HASLET TX 76052	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired		26 Fin. Resp. Type 1		Fin. Resp. Name		Fin. Resp. Num.	
<input type="checkbox"/> No <input type="checkbox"/> Exempt		27 Vehicle Damage Rating 1		-		-	
27 Vehicle Damage Rating 2		-		-		-	
Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried					
Towed By		Towed To		PURFECT TOWING			
Unit Num. 46							
5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		LP Num. KWZ8350	
VIN J T H B A 1 D 2 0 H 5 0 4 4 0 1 8							
Veh. Year 2017		6 Veh. Color GRY		Veh. Make LEXUS		Veh. Model IS 250	
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 17315350		9 DL Class C	
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 07/26/1969			
Address (Street, City, State, ZIP) 918 FOREST PARK CT KELLER TX 76248							
Person Num. 1		12 Psn. Type 1		13 Seat Position		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity		Age		15 Ethnicity	
16 Sex		17 Eject		18 Restr.		19 Airbag	
20 Helmet		21 Sol.		22 Alc. Spec.		23 Alc. Result	
24 Drug Spec.		25 Drug Result		26 Drug Category			
1		1		1		MOONEY KAREN MARIE	
A		51		W		2	
1		1		5		97	
N		96				96	
97		97		97		97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		MOONEY KAREN MARIE		KELLER TX 76248	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired		26 Fin. Resp. Type 1		Fin. Resp. Name		Fin. Resp. Num.	
<input type="checkbox"/> No <input type="checkbox"/> Exempt		27 Vehicle Damage Rating 1		12-		FD-7	
27 Vehicle Damage Rating 2		12-		RD-7		-	
Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried					
Towed By		Towed To		CORNISH TOWING			

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8/2/2021 5:38 PM

Hidalgo County District Clerk

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Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	46	1	MEDICAL CITY ALLIANCE	MEDSTAR	/ /	
				/ /		
				/ /		
				/ /		
				/ /		
				/ /		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	Carrier's Corp. Name	Carrier's Primary Addr.								
	31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	
	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
									98	3	97	3	2	6	96	

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE															

INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	0	1	2	0	2	1
		Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)				HARPER, G.	MARTIN, K	ID Num.	3380-3421										
	ORI Num.	T X 2 2 0 1 2 0 0				*Agency				FORT WORTH POLICE DEPARTMENT				Service/Region/DA				C E N T R L			

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Units 1 4 8  
 Total Num. 8/2/2021 5:38 PM  
 Units 1 4 8  
 District Clerk's

 Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)  
 Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 47 of 149

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit	
Const. Zone <input checked="" type="checkbox"/> No		Workers Present <input checked="" type="checkbox"/> No		Street Desc.			
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 47		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. MKY0118		VIN 1GYFZER41KF119205					
Veh. Year 2019		6 Veh. Color BLK		Veh. Make CADILLAC		Veh. Model XTS	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 21110361		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 06/06/1988			
Address (Street, City, State, ZIP) 6001 HARWICH LN FORT WORTH TX 76179							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity B		Age 32		15 Ethnicity W	
16 Sex 2		17 Eject. 1		18 Restr. 1		19 Airbag 5	
20 Helmet 97		21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		DAVIS AMANDA MICHELLE		FORT WORTH TX 76179	
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name USAA	
27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 6-		RD-7	
Vehicle Inventoried <input checked="" type="checkbox"/> No							
Towed By CORNISH TOWING		Towed To CORNISH TOWING					
Unit Num. 48		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. LMT7382		VIN 3C6RR6LT2HG530104					
Veh. Year 2017		6 Veh. Color GRY		Veh. Make DODGE		Veh. Model RAM 1500	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 16412917		9 DL Class C	
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 02/06/1969			
Address (Street, City, State, ZIP) 833 STAFFORD STATION DR SAGINAW TX 76131							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity C		Age 52		15 Ethnicity W	
16 Sex 1		17 Eject. 1		18 Restr. 1		19 Airbag 5	
20 Helmet 97		21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		GENUALDO PAUL RICHARD		SAGINAW TX 76131	
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name FARMERS INSURANCE	
27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 6-		RD-7	
Vehicle Inventoried <input checked="" type="checkbox"/> No							
Towed By ADVANCED TOWING		Towed To ADVANCED TOWING					

Electronically Filed

8/2/2021 5:38 PM

Hidalgo County District Clerk

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Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

Reviewed By: Alessandra Gairan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	47	1		LOCAL HOSPITAL	SELF	/ /
48	1		LOCAL HOSPITAL	SELF	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR							
32 HazMat Class Num.									
33 Cargo Body Type									
34 Trlr. Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR								
35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight				

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Unit #	Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
									98	3	97	3	2	6	96	

NARRATIVE AND DIAGRAM	Time Notified (24HR:MM)		How Notified	Time Arrived (24HR:MM)		Report Date (MM/DD/YYYY)	
		0620	DISPATCH	0640	0301	2021	

INVESTIGATOR	Invest. Comp.	Investigator Name (Printed)	ID Num.
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HARPER, G. MARTIN, K	3380-3421

ORI Num.	*Agency	Service/Region/DA
TX2201200	FORT WORTH POLICE DEPARTMENT	CENTRAL

DIAGRAM ON SEPARATE PAGE

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Units 1 4 8  
 Total Num. 8/2/2021 5:38 PM  
 Prsn. Hidalgo County District Clerks


## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 49 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit	
Const. Zone <input checked="" type="checkbox"/> No		Workers Present <input checked="" type="checkbox"/> No		Street Desc.			
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 49		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State AR	
LP Num. K810521		VIN 3AKJGLDR1KDKN3177					
Veh. Year 2019		6 Veh. Color GRY		Veh. Make FREIGHTLINER		Veh. Model UNKNOWN	
7 Body Style TT		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State MX		DL/ID Num. NVOL062506		9 DL Class 98	
10 CDL End. 98		11 DL Rest. 98		DOB (MM/DD/YYYY) 09/26/1983			
Address (Street, City, State, ZIP) HACIENDA RALDEA-131 GARCIA MX NL6600							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: GARCIA RODRIGUEZ HECTOR FERNANDO	
14 Injury Severity C		Age 37		15 Ethnicity H		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 1		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Alc. Result 96		24 Drug Spec. 97	
25 Drug Result 97		26 Drug Category					
Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		RICH TRANSPORT LLC 6011 SCOTT HAMMILTON DR LITTLE ROCK AR 72209			
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name UNITED SPECIALTY		Fin. Resp. Num. EEXBRS0010	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 8- LBQ- 5		27 Vehicle Damage Rating 2 2- RD- 4		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By EDDS TOWING		Towed To RICH TRANSPORT LLC 4444 IRVING BLVD					
Unit Num. 50		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State OK	
LP Num. 9931KJ		VIN 3H3V532C6FT280408					
Veh. Year 2015		6 Veh. Color WHI		Veh. Make HYUNDAI STEEL INDUSTRIES		Veh. Model NOT APPLICABLE	
7 Body Style TL		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class	
10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP)							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num.		12 Psn. Type		13 Seat Position		Name: Last, First, Middle	
14 Injury Severity		Age		15 Ethnicity		16 Sex	
17 Eject.		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec.		23 Alc. Result		24 Drug Spec.	
25 Drug Result		26 Drug Category					
Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		RICH TRANSPORT LLC 6011 SCOTT HAMMILTON DR LITTLE ROCK AR 72209			
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name UNITED SPECIALTY		Fin. Resp. Num. EEXBRS0010	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 6- RD- 6		27 Vehicle Damage Rating 2 12- FD- 3		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By EDDS TOWING		Towed To RECH TRANSPORT					



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8/2/2021 5:38 PM

Hidalgo County District Clerk

Reviewed By: Alessandra Galvan

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	49	1	ON SITE	MEDSTAR	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input checked="" type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type	
	49						1	1	03057789	8	
	Carrier's Corp. Name		Carrier's Primary Addr.		City		State		Zip		
	RICH TRANSPORT		6011 SCOTT HAMMILTON DR		LITTLE ROCK		AR		72209		
CMV	31 Bus Type	<input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GVWR	52350	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	
	0									3	
	Unit Num.	<input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GVWR	68000	34 Trlr. Type	1	CMV Disabling Damage?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	
	50										
FACTORS & CONDITIONS	Sequence Of Events	35 Seq. 1	98	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:	
	36 Contributing Factors (Investigator's Opinion)			37 Vehicle Defects (Investigator's Opinion)			Environmental and Roadway Conditions				
	Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition
					98	3	97	3	2	6	96

INVESTIGATOR	Time Notified (24HR:MM)		0620	How Notified	DISPATCH	Time Arrived (24HR:MM)	0640	Report Date (MM/DD/YYYY)	03/01/2021
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)		HARPER, G. MARTIN, K		ID Num.	3380-3421	
	ORI Num.	TX22012000		Agency	FORT WORTH POLICE DEPARTMENT		Service/Region/DA	CENTRAL	
	<div style="display: flex; justify-content: space-between;"> <div> <p>NARRATIVE AND DIAGRAM</p> <p>DIAGRAM ON SEPARATE PAGE</p> </div> </div>								

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Units 1 4 8  
 Total Num. 8/2/2021 5:38 PM  
 Prsn. Hidalgo County District Clerks

Electronically Filed

8/2/2021 5:38 PM

Hidalgo County District Clerks

Reviewed By: Alessandra Galvan

Page: 51 of 149

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 0 2 / 1 1 / 2 0 2 1		*Crash Time (24HRMM) 0 6 0 0		Case ID 210011068		Local Use																																																				
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit																																																				
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 3 2 7 9 5 1 3		Longitude (decimal degrees) - 0 9 7 3 2 2 7 7																																																						
ROAD ON WHICH CRASH OCCURRED																																																										
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600																																																				
3 Street Prefix		*Street Name		4 Street Suffix																																																						
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> No																																																				
Workers Present <input checked="" type="checkbox"/> No		Street Desc.																																																								
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																										
At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1																																																				
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																																																				
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker																																																				
Street Desc. HWY		RRX Num.																																																								
Unit Num. 51		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State KS																																																				
LP Num. 198172		VIN 1 X K Y D P 9 X 2 L J 4 1 3 0 1 0																																																								
Veh. Year 2 0 2 0		6 Veh. Color BLK		Veh. Make KENWORTH		Veh. Model UNKNOWN																																																				
7 Body Style TT		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																								
8 DL/ID Type 1		DL/ID State KS		DL/ID Num. K02205893		9 DL Class 98																																																				
10 CDL End. 98		11 DL Rest. 98		DOB (MM/DD/YYYY) 0 8 / 0 1 / 1 9 6 9																																																						
Address (Street, City, State, ZIP) 1817 EAST 24TH AVE #7 HUTCHINSON KS 67502																																																										
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Prsn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>15 Age</th> <th>16 Sex</th> <th>17 Eject</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>23 Alc. Result</th> <th>24 Drug Spec.</th> <th>25 Drug Result</th> <th>26 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>BOWMAN CHARLES GRANT</td> <td>C</td> <td>51</td> <td>W</td> <td>1</td> <td>1</td> <td>97</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="17">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>								Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	15 Age	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	23 Alc. Result	24 Drug Spec.	25 Drug Result	26 Drug Category	1	1	1	BOWMAN CHARLES GRANT	C	51	W	1	1	97	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																
Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	15 Age	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	23 Alc. Result	24 Drug Spec.	25 Drug Result	26 Drug Category																																										
1	1	1	BOWMAN CHARLES GRANT	C	51	W	1	1	97	97	N	96		96	97	97																																										
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																										
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address SUN VALLEY INC 1601 E BLANCHARD AVE HUTCHINSON KS 67501																																																										
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ARCH INS																																																				
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12 -		FD - 6		27 Vehicle Damage Rating 2 9 -																																																				
LD - 5		Vehicle Inventoried <input checked="" type="checkbox"/> No																																																								
Towed By BEARDS TOWING				Towed To BEARDS TOWING																																																						
Unit Num. 52		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State KS																																																				
LP Num. C397603		VIN 1 W 1 4 4 5 2 A 2 M 7 7 2 0 5 0 8																																																								
Veh. Year 2 0 2 1		6 Veh. Color SIL		Veh. Make WILSON TRAILER CO		Veh. Model NOT APPLICABLE																																																				
7 Body Style TL		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																								
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class																																																				
10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)																																																						
Address (Street, City, State, ZIP)																																																										
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Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	15 Age	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	23 Alc. Result	24 Drug Spec.	25 Drug Result	26 Drug Category																																										
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																										
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address SUN VALLEY INC 1601 E BLANCHARD AVE HUTCHINSON KS 67501																																																										
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ARCH INS																																																				
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 6 -		RD - 6		27 Vehicle Damage Rating 2 12 -																																																				
FD - 6		Vehicle Inventoried <input checked="" type="checkbox"/> No																																																								
Towed By BEARDS TOWING				Towed To BEARDS TOWING																																																						

Hidalgo County District Clerks  
Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To		Taken By		Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)						
	51	1	LOCAL HOSPITAL		SELF		/ /								
							/ /								
							/ /								
							/ /								
							/ /								
CHARGES	Unit Num.	Prsn. Num.	Charge						Citation/Reference Num.						
DAMAGE	Damaged Property Other Than Vehicles				Owner's Name				Owner's Address						
CMV	Unit Num.	51	<input checked="" type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	1	29 Carrier ID Type	1	Carrier ID Num.	01292112		
	Carrier's Corp. Name				Carrier's Primary Addr.				30 Veh. Type						
	SUN VALLEY INC				1601 E BLANCHARD AVE HUTCHINSON KS 67501				8						
	31 Bus Type	0	<input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GVWR	53200	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	10			
	Unit Num.	52	<input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GVWR	85500	34 Trlr. Type	2	CMV Disabling Damage?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.		34 Trlr. Type		CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sequence Of Events	35 Seq. 1	98	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Actual Gross Weight			Total Num. Axles			
FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit #	Contributing		May Have Contrib.	Contributing		May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
								98	3	97	3	2	6	96	
NARRATIVE AND DIAGRAM	<div>DIAGRAM ON SEPARATE PAGE</div>														
INVESTIGATOR	Time Notified (24HR:MM)	0620	How Notified	DISPATCH				Time Arrived (24HR:MM)	0640	Report Date (MM/DD/YYYY)	03/01/2021				
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	HARPER, G. MARTIN, K				ID Num.	3380-3421						
	ORI Num.	TX2201200				Agency	FORT WORTH POLICE DEPARTMENT				Service/Region/DA	CENTRAL			

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. Units 1 4 8  
 Total Num. Persons 3 6  
 8/2/2021 5:38 PM  
 Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 53 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use		
*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277		
ROAD ON WHICH CRASH OCCURRED								
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600		
3 Street Prefix		*Street Name		4 Street Suffix				
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		
Const. Zone		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Workers Present		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Street Desc.								
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER								
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST		
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker		
Street Desc. HWY				RRX Num.				
Unit Num. 53		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State IN		
LP Num. AMF699		VIN K L 7 9 M R S L 1 M B 0 5 9 9 0 0						
Veh. Year 2021		6 Veh. Color BLU		Veh. Make CHEVROLET		Veh. Model TRAILBLAZER		
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)						
8 DL/ID Type 1		DL/ID State IN		DL/ID Num. 9370097027		9 DL Class 98		
10 CDL End. 98		11 DL Rest. 98		DOB (MM/DD/YYYY) 07/09/1994				
Address (Street, City, State, ZIP) 2064 BLISS RD FORT WORTH TX 76177								
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle		
Enter Driver or Primary Person for this Unit on first line								
1		1		1		MATTINGLY MEGHAN MIKAYLA		
14 Injury Severity		Age		15 Ethnicity		16 Sex		
N		26		W		2		
17 Eject.		18 Restr.		19 Airbag		20 Helmet		
1		1		5		97		
21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.		
96						96		
24 Drug Result		25 Drug Category		97		97		
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.								
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		MATTINGLY MEGHAN MIKAYLA		FORT WORTH TX 76177		
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired		26 Fin. Resp. Type 1		Fin. Resp. Name ERIE INS		Fin. Resp. Num. Q042914860		
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 3-		RP-7		27 Vehicle Damage Rating 2 10-		
FL-4		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried				
Towed By TEXAS TOWING		Towed To TEXAS TOWING						
Unit Num. 54		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		
LP Num. DG6X580		VIN J T E B U 4 B F 3 B K 1 0 8 3 6 3						
Veh. Year 2011		6 Veh. Color SIL		Veh. Make TOYOTA		Veh. Model FJ CRUISER		
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)						
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 24017242		9 DL Class BM		
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 07/03/1990				
Address (Street, City, State, ZIP) 6006 MONTFORD DR COLLEYVILLE TX 76034								
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle		
Enter Driver or Primary Person for this Unit on first line								
1		1		1		MCDANIEL DWIGHT KERN		
14 Injury Severity		Age		15 Ethnicity		16 Sex		
B		30		B		1		
17 Eject.		18 Restr.		19 Airbag		20 Helmet		
1		1		5		97		
21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.		
96						96		
24 Drug Result		25 Drug Category		97		97		
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.								
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		MCDANIEL DWIGHT KERN		COLLEYVILLE TX 76034		
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE		Fin. Resp. Num. 926977813		
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 6-		
RD-7		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried				
Towed By MILNER TOWING		Towed To MILNER TOWING						

Electronically Filed

8/2/2021 5:38 PM

Hidalgo County District Clerk

Page 54 of 149

Law Enforcement and TxDOT Use ONLY.

Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	54	1	BAYLOR GRAPEVINE	SELF	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
	Carrier's Corp. Name		Carrier's Primary Addr.						30 Veh. Type
	31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?

Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
								98	3	97	3	2	6	96

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE													
-----------------------	--------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--

INVESTIGATOR	Time Notified (24HR:MM)	0   6   2   0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0   6   4   0	Report Date (MM/DD/YYYY)	0   3   0   1   2   0   2   1	
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	HARPER, G. MARTIN, K	ID Num.	3380-3421			
	ORI Num.	T   X   2   2   0   1   2   0   0	*Agency	FORT WORTH POLICE DEPARTMENT				Service/Region/DA	C   E   N   T   R   L



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Total Num. 1 3 8  
 Units 1 4 8  
 Units 1 3 8

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Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

Reviewed By: Alessandra Galvan

Page 55 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 0 2 / 1 1 / 2 0 2 1		*Crash Time (24HRMM) 0 6 0 0		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 3 2 7 9 5 1 3		Longitude (decimal degrees) - 0 9 7 3 2 2 7 7			
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
<input type="checkbox"/> Crash: Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/ Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> No		Street Desc.		3 Street Prefix		*Street Name	
4 Street Suffix							
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 55		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. 1433505		VIN 1 F M 5 K 8 A W 9 L G C 1 4 3 5 0					
Veh. Year 2 0 2 0		6 Veh. Color BLK		Veh. Make FORD		Veh. Model EXPLORER	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 11046228		9 DL Class CM	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 0 8 / 1 7 / 1 9 7 0			
Address (Street, City, State, ZIP) 505 W FELIX ST FORT WORTH TX 76115							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle HERNANDEZ RENE	
14 Injury Severity N		Age 50		15 Ethnicity H		16 Sex 2	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address		CITY OF FORT WORTH 2500 BRENNAN AVE FORT WORTH TX 76106					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name SELF	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 9-		LP- 6		27 Vehicle Damage Rating 2 -	
Towed By TEXAS TOWING		Towed To CITY OF FORT WORTH IMPOUND					
Unit Num. 56		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State UN	
LP Num.		VIN					
Veh. Year 2 0 2 1		6 Veh. Color GRY		Veh. Make TOYOTA		Veh. Model UNKNOWN	
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99	
10 CDL End. 99		11 DL Rest. 99		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP) UNKNOWN UNKNOWN UN UNK							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Prsn. Type 99		13 Seat Position 99		Name: Last, First, Middle UNKNOWN UNK UNKNOWN	
14 Injury Severity 99		Age 99		15 Ethnicity 99		16 Sex 99	
17 Eject. 1		18 Restr. 99		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address		UNKNOWN UNK UNKNOWN UNKNOWN UN UNK					
Proof of Fin. Resp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type		Fin. Resp. Name	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 6-		RD- 7		27 Vehicle Damage Rating 2 12-	
Towed By TEXAS TOWING		Towed To TEXAS TOWING					

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Hidalgo County District Clerk

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Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)										
					/ /											
					/ /											
					/ /											
					/ /											
					/ /											
CHARGES	Unit Num.	Prsn. Num.	Charge			Citation/Reference Num.										
DAMAGE	Damaged Property Other-Than Vehicles		Owner's Name		Owner's Address											
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.								
	Carrier's Corp. Name		Carrier's Primary Addr.		30 Veh. Type											
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type								
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No								
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:								
	36 Contributing Factors (Investigator's Opinion)		37 Vehicle Defects (Investigator's Opinion)		Environmental and Roadway Conditions											
	Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control				
						98	3	97	3	2	6	96				
	<div style="text-align: center;">DIAGRAM ON SEPARATE PAGE</div>															
	INVESTIGATOR	Time Notified (24HR:MM)		0 6 2 0		How Notified		DISPATCH		Time Arrived (24HRMM)		0 6 4 0		Report Date (MM/DD/YYYY)		0 3 / 0 1 / 2 0 2 1
Invest. Comp.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)		HARPER, G.		MARTIN, K		ID Num.		3380-3421		Service/Region/DA		C E N T R L	
ORI Num.		TX 2 2 0 1 2 0 0		*Agency		FORT WORTH POLICE DEPARTMENT										

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Total Num. 8/22/2021 5:38 PM  
 Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Reviewed By: Alessandra Galvan

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277			
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> No	
				Workers Present <input checked="" type="checkbox"/> No		Street Desc.	
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
				Block Num. 2500		3 Street Prefix NE	
				Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
				Street Desc. HWY		RRX Num.	
Unit Num. 57		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
				LP Num. R110574		VIN 1FUJGEBG1GLGZ6976	
Veh. Year 2016		6 Veh. Color WHI		Veh. Make FREIGHTLINER		Veh. Model CASCADIA 125	
				7 Body Style TT		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)	
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 40290659		9 DL Class A	
				10 CDL End. NTH		11 DL Rest. P27	
				DOB (MM/DD/YYYY) 11/08/1984			
Address (Street, City, State, ZIP) 6078 COPPERFIELD DR #411 FORT WORTH TX 76132							
Person Num. 1 Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line WILLIAMS CODY SLOAN							
14 Injury Severity B Age 36 15 Ethnicity W 16 Sex 1 17 Eject. 1 18 Restr. 1 19 Airbag 97 20 Helmet N 21 Sol. 96 22 Alc. Spec. 96 23 Drug Spec. 97 24 Drug Result 97 25 Drug Category 97							
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address GO TO LOGISTICS INC 2233 N WEST ST RIVER GROVE IL 60171							
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> Exempt Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name ARCH INS Fin. Resp. Num. ZACAT6009803							
27 Vehicle Damage Rating 1 12- FD-6 27 Vehicle Damage Rating 2 - Vehicle Inventoried <input checked="" type="checkbox"/> No							
Towed By MILNER TOWING Towed To 6320 EDEN DR, FORT WORTH							
Unit Num. 58		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State IL	
				LP Num. 418014ST		VIN 1UYVVS2530BM144207	
Veh. Year 2011		6 Veh. Color WHI		Veh. Make UTILITY TRAILER MFG		Veh. Model NOT APPLICABLE	
				7 Body Style TL		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)	
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class	
				10 CDL End.		11 DL Rest.	
				DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP)							
Person Num. 1 Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
14 Injury Severity Age 15 Ethnicity 16 Sex 17 Eject. 18 Restr. 19 Airbag 20 Helmet 21 Sol. 22 Alc. Spec. 23 Drug Spec. 24 Drug Result 25 Drug Category							
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address GO TO LOGISTICS INC 1215 DUNAMON DR BARTLETT IL 60103							
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> Exempt Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name ARCH INS Fin. Resp. Num. ZACAT6009803							
27 Vehicle Damage Rating 1 5- RP-3 27 Vehicle Damage Rating 2 - Vehicle Inventoried <input checked="" type="checkbox"/> No							
Towed By MILNER TOWING Towed To 6320 EDEN RD, FORT WORTH							

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Hidalgo County District Clerk

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Law Enforcement and TxDOT Use ONLY.

Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	57	1	PERSONAL DR	SELF	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	10,001+ LBS.	TRANSPORTING HAZARDOUS MATERIAL	9+ CAPACITY	CMV Disabling Damage?	Yes	No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	57	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		2	1	01500245	8
	Carrier's Corp. Name GO TO LOGISTICS INC										
	Carrier's Primary Addr. 2233 N WEST ST RIVER GROVE IL 60171										
	31 Bus Type	0	<input type="checkbox"/> RGWV	<input checked="" type="checkbox"/> GVWR	5,200	HazMat Released	<input type="checkbox"/> Yes	<input type="checkbox"/> No	32 HazMat Class Num.		HazMat ID Num.

FACTORS & CONDITIONS	Unit Num.	34 Trlr. Type	CMV Disabling Damage?	Yes	No	Unit Num.	<input type="checkbox"/> RGWV	<input checked="" type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	Yes	No
	58		<input type="checkbox"/>	<input checked="" type="checkbox"/>				<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	Sequence of Events											
	35 Seq. 1	98	35 Seq. 2		35 Seq. 3		35 Seq. 4		Intermodal Shipping Container Permit	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Actual Gross Weight
	36 Contributing Factors (Investigator's Opinion)											

36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
Unit #	Contributing	May Have Contrib.		Unit #	Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
								98	3	97	3	2	6	96	

NARRATIVE AND DIAGRAM	Time Notified (24HR:MM) 0 6 2 0														How Notified DISPATCH		Time Arrived (24HRMM) 0 6 4 0				Report Date (MM/DD/YYYY) 0 3 / 0 1 / 2 0 2 1							
	<div style="text-align: center;">DIAGRAM ON SEPARATE PAGE</div>																											

INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HRMM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	/	0	1	/	2	0	2	1	
	Invest. Comp.	<input checked="" type="checkbox"/> Yes																						
	Investigator Name (Printed)	HARPER, G.											MARTIN, K											
ORI Num.	TX 2 2 0 1 2 0 0											*Agency FORT WORTH POLICE DEPARTMENT												
ID Num.	3380-3421																							
Service/Region/DA	CENTRAL																							

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Units \_\_\_\_\_  
 Total Num. 3 8  
 Prsnl \_\_\_\_\_  
 Hidalgo County District Clerks

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Reviewed By: Alessandra Galvan

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## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																																																							
*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit																																																					
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																																																									
ROAD ON WHICH CRASH OCCURRED																																																													
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600																																																							
3 Street Prefix		*Street Name		4 Street Suffix																																																									
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																							
Workers Present <input checked="" type="checkbox"/> No		Street Desc.																																																											
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																													
At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1																																																							
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																																																							
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker																																																							
Street Desc. HWY		RRX Num.																																																											
Unit Num. 59		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX																																																							
LP Num. NPF2365		VIN 1GCG4YUEY2LF186920																																																											
Veh. Year 2020		6 Veh. Color WHI		Veh. Make CHEVROLET		Veh. Model SILVERADO K3500																																																							
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																											
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 19943103		9 DL Class C																																																							
10 CDL End. 96		11 DL Rest 96		DOB (MM/DD/YYYY) 06/19/1986																																																									
Address (Street, City, State, ZIP) 8120 HORSEMAN RD FORT WORTH TX 76131																																																													
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Prsn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first-line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>MEEK DEVIN KEMPER</td> <td>N</td> <td>34</td> <td>W</td> <td>1</td> <td>1</td> <td>1</td> <td>5</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>								Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first-line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	MEEK DEVIN KEMPER	N	34	W	1	1	1	5	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first-line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																												
1	1	1	MEEK DEVIN KEMPER	N	34	W	1	1	1	5	97	N	96		96	97	97																																												
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																													
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address THELIN RECYCLING CO 5225 THELIN ST FORT WORTH TX 76115 Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name UNITED FIRST CASUALTY Fin. Resp. Num. 85317311 27 Vehicle Damage Rating 1 12" FD-7 27 Vehicle Damage Rating 2 6" RD-7 Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Towed By BEARDS TOWING Towed To BEARDS TOWING																																																													
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Prsn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>ROBERTSON ENID LYL</td> <td>A</td> <td>58</td> <td>W</td> <td>2</td> <td>1</td> <td>1</td> <td>5</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>								Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	ROBERTSON ENID LYL	A	58	W	2	1	1	5	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																												
1	1	1	ROBERTSON ENID LYL	A	58	W	2	1	1	5	97	N	96		96	97	97																																												
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																													
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address ROBERTSON ENID LYL 11916 HICKORY CIR FORT WORTH TX 76244 Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name ALLSTATE Fin. Resp. Num. 844885571 27 Vehicle Damage Rating 1 12" FD-7 27 Vehicle Damage Rating 2 6" RD-7 Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Towed By BEARDS TOWING Towed To BEARDS TOWING																																																													



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Hidalgo County District Clerk

Page 60 of 149

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)						
	60	1	BAYLOR	MEDSTAR 81	/ /							
					/ /							
					/ /							
					/ /							
					/ /							
CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.								
DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address								
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type			
	Carrier's Corp. Name		Carrier's Primary Addr.									
	31-Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type				
	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Tric. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Tric. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No				
FACTORS & CONDITIONS	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles				
	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)		Environmental and Roadway Conditions					
	Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
						98	3	97	3	2	6	96
NARRATIVE AND DIAGRAM	<p style="text-align: center;">DIAGRAM ON SEPARATE PAGE</p>											
INVESTIGATOR	Time Notified (24HR:MM)	0 6 2 0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0 6 4 0	Report Date (MM/DD/YYYY)	0 3 / 0 1 / 2 0 2 1				
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	HARPER, G. MARTIN, K		ID Num.	3380-3421						
ORI Num.	TX 2 2 0 1 2 0 0		*Agency	FORT WORTH POLICE DEPARTMENT				Service/Region/DA	C E N T R L			

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. Units 1 4 8  
 Total Num. Persons 3 8  
 Electronically Filed 8/2/2021 5:38 PM  
 Hidalgo County District Clerks


## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

 Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457  
 Refer to Attached Code Sheet for Numbered Fields

Reviewed By: Alessandra Galvan

Page 61 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																																																							
*County Name TARRANT				*City Name FORT WORTH																																																									
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																																																							
ROAD ON WHICH CRASH OCCURRED																																																													
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600																																																							
3 Street Prefix		*Street Name		4 Street Suffix																																																									
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																							
Workers Present <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.																																																											
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																													
At Int. <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1																																																							
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																																																							
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker																																																							
Street Desc. HWY		RRX Num.																																																											
Unit Num. 61		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX																																																							
LP Num. NWK0448		VIN																																																											
Veh. Year 2021		6 Veh. Color GRAY		Veh. Make UNKNOWN		Veh. Model UNKNOWN																																																							
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																											
8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99																																																							
10 CDL End. 99		11 DL Rest. 99		DOB (MM/DD/YYYY)																																																									
Address (Street, City, State, ZIP) UNKNOWN UNKNOWN UN UNK																																																													
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Prsn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>UNKNOWN UNK UNK</td> <td>99</td> <td></td> <td>99</td> <td>99</td> <td>1</td> <td>99</td> <td>5</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>								Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	UNKNOWN UNK UNK	99		99	99	1	99	5	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																												
1	1	1	UNKNOWN UNK UNK	99		99	99	1	99	5	97	N	96		96	97	97																																												
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																													
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		UNKNOWN UNK UNK		UNKNOWN UN UNK																																																							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type		Fin. Resp. Name		Fin. Resp. Num.																																																							
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 -																																																							
Towed By UNKNOWN		Towed To UNKNOWN																																																											
Unit Num. 62		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX																																																							
LP Num. LDX1404		VIN 5XYYZT3LB1JG510186																																																											
Veh. Year 2018		6 Veh. Color BLK		Veh. Make HYUNDAI		Veh. Model SANTA FE																																																							
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																											
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 44019005		9 DL Class C																																																							
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 02/24/1968																																																									
Address (Street, City, State, ZIP) 1440 DUN HORSE DR HASLET TX 76052																																																													
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Prsn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>KILBREATH SUZETTE JANELLE</td> <td>A</td> <td>52</td> <td>W</td> <td>2</td> <td>1</td> <td>1</td> <td>5</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>								Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	KILBREATH SUZETTE JANELLE	A	52	W	2	1	1	5	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																												
1	1	1	KILBREATH SUZETTE JANELLE	A	52	W	2	1	1	5	97	N	96		96	97	97																																												
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																													
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		KILBREATH SUZETTE JANELLE 1440 DUN HORSE DR		HASLET TX 76052																																																							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE		Fin. Resp. Num. 932509799																																																							
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 6-																																																							
Towed By TEXAS TOWING		Towed To TEXAS TOWING																																																											

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Hidalgo County District Clerk

Reviewed By: Alessandra Galvan

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	62	1		MEDICAL CITY ALLIANCE	MEDSTAR	/ /
					/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	31 Bus Type		<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
Unit Num.		<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight		Total Num. Axles:		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control		
								98	3	97	3	2	6	96		

NARRATIVE AND DIAGRAM	Time Notified (24HR:MM)		How Notified	Time Arrived (24HR:MM)		Report Date (MM/DD/YYYY)	
		0620	DISPATCH	0640	0301	2021	

INVESTIGATOR	Invest. Comp.	Investigator Name (Printed)	ID Num.	Service/Region/DA
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HARPER, G. MARTIN, K	3380-3421	CENTRAL

ORI Num.	*Agency
TX2201200	FORT WORTH POLICE DEPARTMENT

DIAGRAM ON SEPARATE PAGE

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Units 1 4 8  
 Total Persons 1 3 8  
 Total Crashes 1 3 8  
 Total Districts 1 3 8

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Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Reviewed By: Alessandra Galvan

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

Page 63 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit	
Const. Zone <input checked="" type="checkbox"/> No		Workers Present <input checked="" type="checkbox"/> No		Street Desc.			
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 63		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. 77316DV		VIN K N M A T 2 M V 6 J P 5 5 8 3 8 9					
Veh. Year 2018		6 Veh. Color BLK		Veh. Make NISSAN		Veh. Model ROGUE	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 19917952		9 DL Class CM	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 07/05/1963			
Address (Street, City, State, ZIP) 5508 BLUE SPRUCE DR ARLINGTON TX 76018							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity B		Age 57		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		ENGEL ROBERT ALAN		5508 BLUE SPRUCE DR ARLINGTON TX 76018	
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name FARMERS	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 6-		RD-7		27 Vehicle Damage Rating 2 12-	
FD-7		Vehicle Inventoried <input checked="" type="checkbox"/> No					
Towed By CORNISH TOWING		Towed To CORNISH TOWING					
Unit Num. 64		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. JYV4480		VIN 1 F T B F 2 A 6 2 H E D 3 1 1 7 9					
Veh. Year 2017		6 Veh. Color WHI		Veh. Make FORD		Veh. Model F250	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State HI		DL/ID Num. H01437163		9 DL Class 98	
10 CDL End. 98		11 DL Rest. 98		DOB (MM/DD/YYYY) 12/06/1966			
Address (Street, City, State, ZIP) 14-746 FLOWER ST PAHOA HI 96778							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity K		Age 54		15 Ethnicity 98		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		GEEP MECH ENG AND CONST INC		3640 8TH AVE FORT WORTH TX 76110	
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name AMERISURE INSURANCE CO	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 6-	
RD-7		Vehicle Inventoried <input checked="" type="checkbox"/> No					
Towed By BEARDS TOWING		Towed To BEARDS TOWING					

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Hidalgo County District Clerk

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Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

Reviewed By: Alessandra Garza

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	63	1		USMD ARLINGTON	PERSONAL VEH	/ /
64	1		TC MORGUE	FORT WORTH FUNERALS AND CREMATION	0 2 / 1 1 / 2 0 2 1	0 6   0 3
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property-Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type		
	31 Bus Type		<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR			HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
Unit Num.		<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR			34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight			Total Num. Axles:		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control		
								98	3	97	3	2	6	96		

NARRATIVE AND DIAGRAM	DISPATCH											
		<div style="text-align: center;">DIAGRAM ON SEPARATE PAGE</div>										

INVESTIGATOR	Time-Notified (24HR:MM)	How Notified	Time Arrived (24HR:MM)	Report Date (MM/DD/YYYY)	ID Num.
		0 6   2 0	DISPATCH	0 6   4 0	0 3 / 0 1 / 2 0 2 1
Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) HARPER, G. MARTIN, K				
ORI Num. TX 2 2   0 1   2 0   0	*Agency FORT WORTH POLICE DEPARTMENT		Service/Region/DA C E N T R L		



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE
Total  
Num. 1 4 8  
UnitsTotal  
Num. 3 6  
Prsn

Electronically Filed

8/2/2021 5:38 PM

Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 65 of 149

Refer to Attached Code Sheet for Numbered Fields

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 65		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. NPB5797		VIN 1 F T 7 W 2 B T 0 L E C 3 9 2 3 3					
Veh. Year 2020		6 Veh. Color RED		Veh. Make FORD		Veh. Model F250	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 01159671		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 09/25/1971			
Address (Street, City, State, ZIP) 500 WOODLAND PARK DR BOYD TX 76023							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity K		Age 49		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97							
Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		VARDY CHISTOPHER RAY		BOYD TX 76023	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired		26 Fin. Resp. Type 1		Fin. Resp. Name FARMERS INS		Fin. Resp. Num. 46614184	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 6-	
RD-7		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried			
Towed By CORNISH TOWING		Towed To CORNISH TOWING					
Unit Num. 66		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. MKT5732		VIN 1 C 4 P J M J N 9 K D 4 6 4 2 9 7					
Veh. Year 2019		6 Veh. Color BLK		Veh. Make JEEP		Veh. Model GRAND CHEROKEE	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 44629286		9 DL Class C	
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 09/10/1982			
Address (Street, City, State, ZIP) 2512 BOOT JACK RD FORT WORTH TX 76177							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity B		Age 38		15 Ethnicity B		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97							
Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		BLAKE SAMUEL ETIENNE		FORT WORTH TX 76177	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE		Fin. Resp. Num. 916025293	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 6-		RD-7		27 Vehicle Damage Rating 2 12-	
FD-7		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried			
Towed By EDS TOWING		Towed To EDS TOWING					

Electronically Filed

8/2/2021 5:38 PM

Hidalgo County District Clerk

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Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	65	1		TARRANT COUNTY MORGUE	FORT WORTH FUNERALS AND CREMATION	0 2 / 1 1 / 2 0 2 1
66	1		MEDICAL CITY FW	MEDSTAR 56	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	31 Bus Type		<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.
Unit Num.		<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight			Total Num. Axles:

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
								98	3	97	3	2	6	96	

NARRATIVE AND DIAGRAM	Time Notified (24HR:MM)		How Notified	Time Arrived (24HRMM)		Report Date (MM/DD/YYYY)	
		0 6   2 0	DISPATCH	0 6   4 0	0 3 / 0 1 / 2 0 2 1		

INVESTIGATOR	Invest. Comp.	Investigator Name (Printed)	ID Num.
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HARPER, G. MARTIN, K	3380-3421

ORI Num.	Agency	Service/ Region/DA
TX 2 2   0 1   2 0   0	FORT WORTH POLICE DEPARTMENT	C E N T R L

DIAGRAM ON SEPARATE PAGE

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONETotal  
Num. 1 4 8  
UnitsElectronically Filed  
8/2/2021 5:38 PM  
Total  
Num. 3 8  
Prsn. Hidalgo County District Clerks

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Reviewed By: Alessandra Galvan

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LP Num. 49KR4D		VIN 1XPBBDP9X7LD364465																																																																																																																																																																							
Veh. Year 2020		6 Veh. Color GRN		Veh. Make PETERBILT		Veh. Model 397																																																																																																																																																																			
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8 DL/ID Type 1		DL/ID State KS		DL/ID Num. K02388146		9 DL Class 98																																																																																																																																																																			
10 CDL End. 98		11 DL Rest. 98		DOB (MM/DD/YYYY) 07/05/1985																																																																																																																																																																					
Address (Street, City, State, ZIP) 6125 OTTER CREEK RD OLSBURG KS 66520																																																																																																																																																																									
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Model NOT APPLICABLE</td> <td>7 Body Style TL</td> <td colspan="13"><input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)</td> </tr> <tr> <td>8 DL/ID Type</td> <td>DL/ID State</td> <td>DL/ID Num.</td> <td>9 DL Class</td> <td>10 CDL End.</td> <td>11 DL Rest.</td> <td colspan="12">DOB (MM/DD/YYYY) / /</td> </tr> <tr> <td colspan="18">Address (Street, City, State, ZIP)</td> </tr> <tr> <td colspan="18"> <table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Psn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. 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XSAH25294221          27 Vehicle Damage Rating 1 10* FL* 3          27 Vehicle Damage Rating 2 - -          Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No          Towed By TEXAS TOWING          Towed To TEXAS TOWING       </td> </tr> </tbody></table>								Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	Unit Num. 68	5 Unit Desc. 6	<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run	LP State MO	LP Num. 25A781	VIN 1RND53A29ER030781													Veh. Year 2014	6 Veh. Color 98	Veh. Make REITNOUER	Veh. 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8 DL/ID Type	DL/ID State	DL/ID Num.	9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY) / /																																																																																																																																																																			
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<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Psn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>																		Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																																																																																																					
Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																																																																																																																																								
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																																																																																																																																									
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address NEW PRIME INC 2740 MAYFAIR AVE SPRINGFIELD MO 65803 Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> Exempt Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name ACE AMERICAN INS Fin. Resp. Num. XSAH25294221 27 Vehicle Damage Rating 1 10* FL* 3 27 Vehicle Damage Rating 2 - - Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Towed By TEXAS TOWING Towed To TEXAS TOWING																																																																																																																																																																									

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Hidalgo County District Clerk

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)																		
	67	1	LOCAL HOSPITAL	SELF	/ /																			
					/ /																			
					/ /																			
					/ /																			
					/ /																			
CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.																				
DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address																				
CMV	Unit Num.	67	<input checked="" type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	1	29 Carrier ID Type	1	Carrier ID Num.	00003706												
	Carrier's Corp. Name	NEW PRIME INC		Carrier's Primary Addr.	2740 MAYFAIR AVE		SRPINGSFIELD MO 65803		30 Veh. Type	8														
	31 Bus Type	0	<input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GVWR	5,000,000	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	5													
	Unit Num.	68	<input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GVWR	9,000,000	34 Trlr. Type	2	CMV Disabling Damage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No													
	Sequence Of Events	35 Seq. 1	98	35 Seq. 2		35 Seq. 3		35 Seq. 4		Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Actual Gross Weight													
											Total Num. Axles:													
FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions															
	Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light. Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control												
						98	3	97	3	2	6	96												
NARRATIVE AND DIAGRAM	<p style="text-align: center;">DIAGRAM ON SEPARATE PAGE</p>																							
INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH		Time Arrived (24HR:MM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	/	0	1	/	2	0	2	1
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	HARPER, G.		MARTIN, K.		ID Num.	3380-3421															
	ORI Num.	TX 22012000					*Agency	FORT WORTH POLICE DEPARTMENT					Service/Region/DA	CENTRAL										

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Units 1 4 8  
 Total Num. 8/2/2021 5:38 PM  
 Prsn 3 6 3  
 Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page: 69 of 149

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 0 2 / 1 1 / 2 0 2 1		*Crash Time (24HRMM) 0 6 : 0 0		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 3 2 . 7 9 5 1 3		Longitude (decimal degrees) - 0 9 7 . 3 2 2 7 7	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit	
Const. Zone <input checked="" type="checkbox"/> No		Workers Present <input checked="" type="checkbox"/> No		Street Desc.			
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 69		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. LBK8034		VIN 3 C 6 U R 5 C L 7 J G 2 9 6 2 1 4					
Veh. Year 2 0 1 8		6 Veh. Color BLK		Veh. Make DODGE		Veh. Model RAM 2500	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 18034466		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 0 4 / 2 4 / 1 9 8 0			
Address (Street, City, State, ZIP) 3509 N JULIET LN FORT WORTH TX 76137							
Person Num. 1		12 Psn. Type 1		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity B		Age 40		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		GIERISCH EDMUND WILLIAM		FORT WORTH TX 76137	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name TRAVELERS		Fin. Resp. Num. 6031076732221	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 6-		RD-6		27 Vehicle Damage Rating 2 9-	
LP-6		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried			
Towed By BEARDS TOWING		Towed To BEARDS TOWING					
Unit Num. 70		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. B17558R		VIN 5 Y F S 4 M C E X M P 0 6 4 4 7 3					
Veh. Year 2 0 2 1		6 Veh. Color BLK		Veh. Make TOYOTA		Veh. Model COROLLA	
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 17314524		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 0 8 / 2 8 / 1 9 7 1			
Address (Street, City, State, ZIP) 612 WOLLFORD WAY FORT WORTH TX 76131							
Person Num. 1		12 Psn. Type 1		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity B		Age 49		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		REID GLENN LEWIS JR		FORT WORTH TX 76131	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name USAA		Fin. Resp. Num. 041958401 7101	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 6-	
RD-7		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried			
Towed By BEARDS TOWING		Towed To BEARDS TOWING					



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8/2/2021 5:38 PMLaw Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDPage 70 of 149  
Hidalgo County District Clerk  
Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	69	1		LOCAL HOSPITAL	SELF	/ /
70	1		MEDICAL CITY ALLIANCE	MEDSTAR	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR							
32 HazMat Class Num.									
33 Cargo Body Type									
34 Trlr. Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR								
35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight				

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
									98	3	97	3	2	6	96	

NARRATIVE AND DIAGRAM	Time Notified (24HR:MM)		How Notified	Time Arrived (24HR:MM)		Report Date (MM/DD/YYYY)	
		0620	DISPATCH	0640	03/01/2021		

INVESTIGATOR	Invest. Comp.	Investigator Name (Printed)	ID Num.
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HARPER, G. MARTIN, K	3380-3421

ORI Num.	*Agency	Service/Region/DA
TX 2201200	FORT WORTH POLICE DEPARTMENT	CENTRAL

DIAGRAM ON SEPARATE PAGE

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Units 1 4 8  
 Total Num. 8/2/2021 5:38 PM  
 Prsn. 3 6 8  
 Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page: 71 of 149

Refer to Attached Code Sheet for Numbered Fields

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use		
*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277		
ROAD ON WHICH CRASH OCCURRED								
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600		
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Workers <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.		3 Street Prefix		*Street Name		
4 Street Suffix								
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER.								
At <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST		
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker		
Street Desc. HWY		RRX Num.						
Unit Num. 71		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		
LP Num. 484548C		VIN 1GB2WLE72MF150097						
Veh. Year 2021		6 Veh. Color WHI		Veh. Make CHEVROLET		Veh. Model C2500		
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)						
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 13336871		9 DL Class C		
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 07/13/1968				
Address (Street, City, State, ZIP) 5633 OAK HAVEN FORT WORTH TX 76244								
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line								
Person Num. 1		12 Psh. Type 1		13 Seat Position 1		Name: STEVENSON NICKLAS LEE		
14 Injury Severity B		Age 52		15 Ethnicity W		16 Sex 1		
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97		
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97		
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.						
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address A&G PIPING 3124 WICHITA CT FORT WORTH TX 76140								
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name EMC INSURANCE		Fin. Resp. Num. 1E56105		
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12- FD-7		27 Vehicle Damage Rating 2 6- RD-5		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Towed By BEARDS TOWING				Towed To BEARDS TOWING				
Unit Num. 72		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		
LP Num. FXK4885		VIN 1FTEJX1C M0EKG19893						
Veh. Year 2014		6 Veh. Color WHI		Veh. Make FORD		Veh. Model F150		
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)						
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 11380573		9 DL Class C		
10 CDL End. N		11 DL Rest. A		DOB (MM/DD/YYYY) 06/22/1984				
Address (Street, City, State, ZIP) 3009 HIGH CHAPARRAL DR FLOWER MOUND TX 75022								
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line								
Person Num. 1		12 Psh. Type 1		13 Seat Position 1		Name: GOLWITZER JAY J		
14 Injury Severity 99		Age 36		15 Ethnicity W		16 Sex 1		
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97		
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97		
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.						
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address THE NELROD CO 3301 WEST FWY FORT WORTH TX 76107								
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name TURNBALL INSURANCE		Fin. Resp. Num. 46UUNF5783		
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12- FD-7		27 Vehicle Damage Rating 2 6- RD-7		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Towed By BEARDS TOWING				Towed To BEARDS TOWING				

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8/2/2021 5:38 PM

Hidalgo County District Clerk

Reviewed By: Alessandra Galvan

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	71	1	LOCAL HOSPITAL	SELF	/ /	
					/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	31 Bus Type		<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
Unit Num.		<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:			

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
								98	3	97	3	2	6	96	

NARRATIVE AND DIAGRAM	Time Notified (24HR:MM)		How Notified	Time Arrived (24HR:MM)		Report Date (MM/DD/YYYY)	
		0620	DISPATCH	0640	03/01/2021		

INVESTIGATOR	Invest. Comp.	Investigator Name (Printed)	ID Num.	Service/Region/DA
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HARPER, G. MARTIN, K	3380-3421	CENTRAL

ORI Num.	*Agency
TX2201200	FORT WORTH POLICE DEPARTMENT

DIAGRAM ON SEPARATE PAGE

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Units 1 3 8  
 Total Num. 8/2/2021 5:38 PM  
 Printed 8/2/2021 5:38 PM  
 Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

Page 73 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 0 2 / 1 1 / 2 0 2 1		*Crash Time (24HRMM) 0 6 0 0		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 3 2 7 9 5 1 3		Longitude (decimal degrees) - 0 9 7 3 2 2 7 7			
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 73		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. LPS5582		VIN 2 G C 2 C R E G 2 K 1 1 3 6 4 6 8					
Veh. Year 2 0 1 9		6 Veh. Color WHI		Veh. Make CHEVROLET		Veh. Model SILVERADO C2500	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 42901177		9 DL Class C	
10 CDL End. N		11 DL Rest. A		DOB (MM/DD/YYYY) 0 5 / 1 3 / 1 9 7 7			
Address (Street, City, State, ZIP) 5904 FANTAIL DR		FORT WORTH		TX 76179			
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity 99		Age 43		15 Ethnicity W	
16 Sex 1		17 Eject. 1		18 Restr. 1		19 Airbag 5	
20 Helmet 97		21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		AUTOMATIC SPRINKLER OF TEXAS		DUNCANVILLE TX 75137	
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ACUITY	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 -	
Towed By BEARDS TOWING		Towed To BEARDS TOWING		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Unit Num. 74		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. SNDMAN7		VIN 1 C 6 R R E J T 6 K N 8 9 8 7 4 8					
Veh. Year 2 0 1 9		6 Veh. Color GRY		Veh. Make DODGE		Veh. Model RAM 1500	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 14865791		9 DL Class C	
10 CDL End. TX		11 DL Rest. 96		DOB (MM/DD/YYYY) 0 3 / 0 1 / 1 9 7 3			
Address (Street, City, State, ZIP) 12824 CAMPOLINA WAY		FORT WORTH		TX 76244			
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity B		Age 47		15 Ethnicity W	
16 Sex 1		17 Eject. 1		18 Restr. 1		19 Airbag 99	
20 Helmet 97		21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		SPINKS TIMOTHY SHANE		FORT WORTH TX 76244	
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name FARMERS INSURANCE	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 8-		BL-3		27 Vehicle Damage Rating 2 -	
Towed By BEARDS TOWING		Towed To BEARDS TOWING		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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Hidalgo County District Clerk

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Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)		
	74	1	LOCAL HOSP	SELF	/ /			
					/ /			
					/ /			
					/ /			
					/ /			
CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.				
DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address				
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
	Carrier's Corp. Name		Carrier's Primary Addr.				30 Veh. Type	
	31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
FACTORS & CONDITIONS	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:
	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)		Environmental and Roadway Conditions	
	Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads
						41 Roadway Type	42 Roadway Alignment	43 Surface Condition
NARRATIVE AND DIAGRAM								
INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HR:MM)
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)		HARPER, G.		MARTIN, K		Report Date (MM/DD/YYYY)
	ORI Num.	T	X	2	2	0	1	2
		0	1	2	0	0		
		*Agency FORT WORTH POLICE DEPARTMENT						ID Num. 3380-3421
		Service/Region/DA						C E N T R L

DIAGRAM ON SEPARATE PAGE



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Total Presn. 8/24/2021 5:38 PM  
 Hidalgo County District Clerks

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8/24/2021 5:38 PM

Reviewed By: Alessandra Galvan

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## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																																																							
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit																																																							
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																																																							
ROAD ON WHICH CRASH OCCURRED																																																													
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600																																																							
3 Street Prefix		*Street Name		4 Street Suffix																																																									
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll-Road/Toll Lane		Speed Limit																																																							
Const. Zone		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Workers Present		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																							
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																													
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1																																																							
Block Num. 2500		3 Street Prefix -NE		Street Name 28TH		4 Street Suffix ST																																																							
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S.		Reference Marker																																																							
Street Desc. HWY		RRX Num.																																																											
Unit Num. 75		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State IN																																																							
LP Num. L727172		VIN 1XPBBD49X0FD285092																																																											
Veh. Year 2015		6 Veh. Color BLK		Veh. Make PETERBILT		Veh. Model UNKNOWN																																																							
7 Body Style TT		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																											
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 37498103		9 DL Class A																																																							
10 CDL End. N		11 DL Rest. 96		DOB (MM/DD/YYYY) 05/25/1987																																																									
Address (Street, City, State, ZIP) 117 MEADOW VIEW LN ANNA TX 75409																																																													
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Psn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>RIVERA ANTONIO DE JESUS</td> <td>B</td> <td>33</td> <td>H</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>								Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	RIVERA ANTONIO DE JESUS	B	33	H	1	1	1	1	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																												
1	1	1	RIVERA ANTONIO DE JESUS	B	33	H	1	1	1	1	97	N	96		96	97	97																																												
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																													
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		ALTON LOGISTICS LLC 117 MEADOW VIEW LN ANNA TX 75409																																																									
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name WESCO INS																																																							
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-5		27 Vehicle Damage Rating 2 -																																																							
Towed By MILNER TOWING		Towed To MILNER TOWING																																																											
Unit Num. 76		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX																																																							
LP Num. 093B838		VIN 1JJV532W6XL582308																																																											
Veh. Year 1999		6-Veh. Color WHI		Veh. Make WABASH NATIONAL CORP		Veh. Model NOT APPLICABLE																																																							
7 Body Style TL		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																											
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class																																																							
10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)																																																									
Address (Street, City, State, ZIP)																																																													
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Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																												
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																													
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		ALTON LOGISTICS LLC 117 MEADOW VIEW LN ANNA TX 75409																																																									
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name WESCO																																																							
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 4-		BR-3		27 Vehicle Damage Rating 2 -																																																							
Towed By MILNER		Towed To MILNER																																																											

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Hidalgo County District Clerk

Reviewed By: Alessandra Galvan

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)						
	75	1	PERSONAL DR	SELF	/ /							
					/ /							
					/ /							
					/ /							
					/ /							
CHARGES	Unit Num.	Prsn. Num.	Charge			Citation/Reference Num.						
DAMAGE	Damaged Property Other Than Vehicles			Owner's Name		Owner's Address						
CMV	Unit Num.	<input checked="" type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.			
	75						1	1	02819533			
	Carrier's Corp. Name			Carrier's Primary Addr.			City					
	ALTON LOGISTICS LLC			117 MEADOW VIEW LN			ANNA TX 75409					
	31 Bus Type	<input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GVWR	5,120	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	30 Veh. Type			
0							3	8				
FACTORS & CONDITIONS	Unit Num.	<input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GVWR	6,800	34 Trlr. Type	CMV Disabling Damage?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type			
	76			2								
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Actual Gross Weight	Total Num. Axles			
		98										
FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions			
	Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
						98	3	97	3	2	6	96
NARRATIVE AND DIAGRAM	<p style="text-align: center;">DIAGRAM ON SEPARATE PAGE</p>											
	Investigator	Time Notified (24HR:MM) 0 6 2 0 How Notified DISPATCH Time Arrived (24HR:MM) 0 6 4 0 Report Date (MM/DD/YYYY) 0 3 / 0 1 / 2 0 2 1										
Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) HARPER, G. MARTIN, K					ID Num. 3380-3421					
ORI Num.	TX 2 2 0 1 2 0 0					*Agency FORT WORTH POLICE DEPARTMENT					Service/Region/DA	C E N T R L

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Total Prsn. 8/2/2021 5:38 PM  
 Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 11/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 77 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit	
Const. Zone <input checked="" type="checkbox"/> No				Workers Present <input checked="" type="checkbox"/> No		Street Desc.	
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 77		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. MDX5470		VIN 3GCPCEC4JG644031					
Veh. Year 2018		6 Veh. Color BLK		Veh. Make CHEVROLET		Veh. Model C1500	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 33939371		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 10/21/1994			
Address (Street, City, State, ZIP) 2821 AIRPORT FWY #616 BEDFORD TX 76021							
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity		Age		15 Ethnicity	
16 Sex		17 Eject.		18 Restr.		19 Airbag	
20 Helmet		21 Sol.		22 Alc. Spec.		Alc. Result	
23 Drug Spec.		24 Drug Result		25 Drug Result		Category	
1		1		1		WILLIAMS CALEB TITUS	
A		26		W		1	
1		1		5		97	
N		96				96	
97		97		97		97	
Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		WILLIAMS CALEB TITUS		BEDFORD TX 76021	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired		26 Fin. Resp. Type 1		Fin. Resp. Name		Fin. Resp. Num.	
<input type="checkbox"/> No <input type="checkbox"/> Exempt		Resp. Type 1		PROGRESSIVE		916142088	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		12" FR-4		27 Vehicle Damage Rating 2	
6" FC-4		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried			
Towed By UNKNOWN		Towed To UNKNOWN					
Unit Num. 78		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. K069590		VIN 1FD8W3H64HE73499					
Veh. Year 2017		6 Veh. Color WHI		Veh. Make FORD		Veh. Model F350	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99	
10 CDL End. 99		11 DL Rest. 99		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP) UNKNOWN UNKNOWN UN UNK							
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity		Age		15 Ethnicity	
16 Sex		17 Eject.		18 Restr.		19 Airbag	
20 Helmet		21 Sol.		22 Alc. Spec.		Alc. Result	
23 Drug Spec.		24 Drug Result		25 Drug Result		Category	
1		99		99		UNKNOWN UNKNOWN UNK	
99		99		99		99	
1		99		1		97	
N		96				96	
97		97		97		97	
Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		MERCHANTS AUTOMOTIVE GROUP		HOOKSETT TX 73106	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired		26 Fin. Resp. Type 1		Fin. Resp. Name		Fin. Resp. Num.	
<input type="checkbox"/> No <input type="checkbox"/> Exempt		Resp. Type 1		ACE PROPERTY		H08470662	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		2" FR-2		27 Vehicle Damage Rating 2	
12" FC-2		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried			
Towed By DRIVEN BY OWNER		Towed To HOME					

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Hidalgo County District Clerk

Reviewed By: Alessandra Galvan

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	77	1	PERSONAL DR	SELF	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	Carrier's Corp. Name		Carrier's Primary Addr.							
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:
--------------------	-----------	-----------	-----------	-----------	--------------------------------------	---	---------------------	-------------------

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control		
								98	3	97	3	2	6	96		

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE													
-----------------------	--------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--

INVESTIGATOR	Time Notified (24HR:MM)	0   6   2   0	How Notified	DISPATCH	Time Arrived (24HRMM)	0   6   4   0	Report Date (MM/DD/YYYY)	0   3   0   1   2   0   2   1	
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	HARPER, G. MARTIN, K				ID Num.	3380-3421
	ORI Num.	T   X   2   2   0   1   2   0   0	*Agency	FORT WORTH POLICE DEPARTMENT				Service/Region/DA	C   E   N   T   R   L

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE
Total  
Num. 1 4 8  
UnitsTotal  
Num. 3 6  
Prsn

Electronically Filed

8/2/2021 5:38 PM

Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

Page 79 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277			
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 79		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. KHZ4399		VIN K N A G M 4 A D X D 5 0 4 3 0 8 3					
Veh. Year 2013		6 Veh. Color WHI		Veh. Make KIA		Veh. Model OPTIMA	
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 33759253		9 DL Class C	
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 11/01/1987			
Address (Street, City, State, ZIP) 10041 TULARE LN FORT WORTH TX 76177							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity B		Age 33		15 Ethnicity W		16 Sex 2	
17 Eject. 1		18 Restr. 1		19 Airbag 1		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address ST PIERRE JORDAN JENAE 10041 TULARE LN FORT WORTH TX 76177					
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE		Fin. Resp. Num. 911971051	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12"		FD-3		27 Vehicle Damage Rating 2 6"	
RD-3		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried <input checked="" type="checkbox"/> No			
Towed By DRIVER		Towed To HOME					
Unit Num. 80		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. NPG1066		VIN 3 C 6 3 R R H L 2 L G 2 0 1 0 5 5					
Veh. Year 2020		6 Veh. Color WHI		Veh. Make DODGE		Veh. Model RAM 3500	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 26083940		9 DL Class CM	
10 CDL End. N		11 DL Rest. A		DOB (MM/DD/YYYY) 04/20/1964			
Address (Street, City, State, ZIP) 115 SIERRA TR JUSTIN TX 76247							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity N		Age 56		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 1		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address KEY TAB ANTHONY 115 SIERRA TR JUSTIN TX 76247					
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE		Fin. Resp. Num. 939764004	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 4"		RBQ-5		27 Vehicle Damage Rating 2 6"	
RD-4		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried <input checked="" type="checkbox"/> No			
Towed By OWNER		Towed To HOME					



Case ID 210011068

TxDOT Crash ID	
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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Reviewed By: Alesandra J. Garza	Time of Death (24HRMM)									
	79	1	LOCAL HOSPITAL	SELF	/ /											
					/ /											
					/ /											
					/ /											
					/ /											
CHARGES	Unit Num.	Prsn. Num.	Charge				Citation/Reference Num.									
DAMAGE	Damaged Property Other Than Vehicles			Owner's Name		Owner's Address										
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.								
	Carrier's Corp. Name			Carrier's Primary Addr.			30 Veh. Type									
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type								
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No								
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:								
FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing		May Have Contrib.	Contributing		May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control		
								98	3	97	3	2	6	96		
NARRATIVE AND DIAGRAM																
															DIAGRAM ON SEPARATE PAGE	
INVESTIGATOR	Time Notified (24HRMM)		0 6 2 0		How Notified		DISPATCH		Time Arrived (24HRMM)		0 6 4 0		Report Date (MM/DD/YYYY)		0 3 / 0 1 / 2 0 2 1	
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Investigator Name (Printed)		HARPER, G.		MARTIN, K		ID Num.		3380-3421		Service/Region/DA		CENTRL	
	ORI Num.		TX 2 2 0 1 2 0 0		Agency		FORT WORTH POLICE DEPARTMENT									

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Units 1 1 1  
 Total Num. 8/2/2021 5:38 PM  
 Present 1 3 6  
 Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

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Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 0 2 / 1 1 / 2 0 2 1		*Crash Time (24HRMM) 0 6 0 0		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 3 2 7 9 5 1 3		Longitude (decimal degrees) - 0 9 7 3 2 2 7 7	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit	
Const. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.			
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1-Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 81		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State CO	
LP Num. VQQ208		VIN J N 8 A Z 1 M W 6 D W 3 0 4 7 4 6					
Veh. Year 2 0 1 3		6 Veh. Color SIL		Veh. Make NISSAN		Veh. Model MURANO	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State CO		DL/ID Num. 022810789		9 DL Class 98	
10 CDL End. 98		11 DL Rest 98		DOB (MM/DD/YYYY) 0 2 / 2 0 / 1 9 8 0			
Address (Street, City, State, ZIP) 613 WINTER DR EVERMAN TX 76140							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity B		Age 40		15 Ethnicity B		16 Sex 1	
17 Eject 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		HIRZEL DOMINIQUE R		AURORA CO 80016	
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name UNKNOWN	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 7 -		BL - 7		27 Vehicle Damage Rating 2 12 -	
FD - 6		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Towed By MILNER TOWING		Towed To MILNER TOWING					
Unit Num. 82		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. BJR0358		VIN 5 F N R L 5 H 6 4 B B 0 6 4 0 1 7					
Veh. Year 2 0 1 1		6 Veh. Color GRY		Veh. Make HONDA		Veh. Model ODYSSEY	
7 Body Style VN		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 09947467		9 DL Class C	
10 CDL End. 96		11 DL Rest 96		DOB (MM/DD/YYYY) 0 5 / 1 7 / 1 9 7 9			
Address (Street, City, State, ZIP) 9709 FURMAN CT FORT WORTH TX 76244							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity B		Age 41		15 Ethnicity W		16 Sex 2	
17 Eject 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		BERGMAN GRETCHEN		FORT WORTH TX 76244	
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name USAA	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 6 -		RD - 7		27 Vehicle Damage Rating 2 12 -	
FD - 7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Towed By MILNER TOWING		Towed To MILNER TOWING					

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8/2/2021 5:38 PMLaw Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDPage 82 of 149  
Hidalgo County District Clerk  
Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	81	1		LOCAL HOSPITAL	FAMILY	/ /
82	1		PERSONAL DR	SELF	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles--		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR							
32 HazMat Class Num.									
33 Cargo Body Type									
Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR								
34 Trlr. Type									
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight			Total Num. Axles:

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
									98	3	97	3	2	6	96

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE														

INVESTIGATOR	Time Notified (24HR:MM)	How Notified	Time Arrived (24HR:MM)	Report Date (MM/DD/YYYY)	ID Num.
		0 6 2 0	DISPATCH	0 6 4 0	0 3 / 0 1 / 2 0 2 1
Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)			
		HARPER, G.	MARTIN, K		
ORI Num.	TX 2 2 0 1 2 0 0				Agency FORT WORTH POLICE DEPARTMENT
					Service/Region/DA C E N T R L

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Units 1 4 8  
 Total Num. 8/2/2021 5:38 PM  
 Prsn. Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 83 of 149

Refer to Attached Code Sheet for Numbered Fields

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277			
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 83		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. 2XD627		VIN 3ALXFB004GDHT7607					
Veh. Year 2016		6 Veh. Color RED		Veh. Make FREIGHTLINER		Veh. Model UNKNOWN	
7 Body Style TT		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State OK		DL/ID Num. M082165731		9 DL Class 98	
10 CDL End. 98		11 DL Rest. 98		DOB (MM/DD/YYYY) 12/20/1958			
Address (Street, City, State, ZIP) PO BOX 984		TUTTLE		OK 73089			
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity N		Age 62		15 Ethnicity W	
16 Sex 1		17 Eject. 1		18 Restr. 1		19 Airbag 97	
20 Helmet N		21 Sol. 96		22 Alc. Spec. 96		23 Drug Spec. 97	
24 Drug Result 97		25 Drug Category 97					
						Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.	
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address WHB TRANSPORTATION L PB BOX 725		TUTTLE		OK 73089	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type-1		Fin. Resp. Name ACE AMERICA		Fin. Resp. Num. ISAH25311668	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 7-		LFG- 4		27 Vehicle Damage Rating 2 -	
Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried <input checked="" type="checkbox"/> No					
Towed By DRIVEN BY DRIVER		Towed To HOME					
Unit Num. 84		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State OK	
LP Num. 1265LJ		VIN 1GRAA9624CB707454					
Veh. Year 2012		6 Veh. Color RED		Veh. Make GREAT DANE TRAILERS		Veh. Model NOT APPLICABLE	
7 Body Style TL		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class	
10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP)		TUTTLE		OK 73089			
Person Num.		12 Psn. Type		13 Seat Position		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity		Age		15 Ethnicity	
16 Sex		17 Eject.		18 Restr.		19 Airbag	
20 Helmet		21 Sol.		22 Alc. Spec.		23 Drug Spec.	
24 Drug Result		25 Drug Category					
						Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.	
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address WHB TRANSPORTATION L PO BOX 725		TUTTLE		OK 73089	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ACE AMERICA		Fin. Resp. Num. ISAH25311668	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 6-		BL- 2		27 Vehicle Damage Rating 2 -	
Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried <input checked="" type="checkbox"/> No					
Towed By DRIVEN		Towed To DRIVER					

Electronically Filed

8/2/2021 5:38 PM

Hidalgo County District Clerk

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Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
						/ /
					/ /	
					/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	10,001+ LBS.	TRANSPORTING HAZARDOUS MATERIAL	9+ CAPACITY	CMV Disabling Damage?	Yes	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
		83	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No	1	1
	Carrier's Corp. Name WHB TRANSPORTATION								
	Carrier's Primary Addr. PO BOX 984 TUTTLE OK 73089								
	31 Bus Type	0	RGVW	5,000	HazMat Released	<input type="checkbox"/>	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
			<input checked="" type="checkbox"/>	0	<input type="checkbox"/>	No			8
	Unit Num.	84	RGVW	6,800	34 Trlr. Type	2	CMV Disabling Damage?	<input checked="" type="checkbox"/>	Unit Num.
			<input checked="" type="checkbox"/>	0	<input type="checkbox"/>	No			
	Sequence Of Events	35 Seq. 1	98	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input checked="" type="checkbox"/>	Actual Gross Weight
							<input type="checkbox"/>	No	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
										98	3	97	3	2	6	96

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE															

INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	0	1	2	0	2	1		
		Invest. Comp.	<input checked="" type="checkbox"/>	Yes	Investigator Name (Printed)	HARPER, G.				MARTIN, K				ID Num.	3380-3421								
	ORI Num.	TX 2201200				Agency	FORT WORTH POLICE DEPARTMENT								Service/Region/DA	CENTRAL							



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Units 1 4 8  
 Total Num. 8/2/2021 5:38 PM  
 Presn. 8/2/2021 5:38 PM  
 Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 85 of 149

Refer to Attached Code Sheet for Numbered Fields

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 0 2 / 1 1 / 2 0 2 1		*Crash Time (24HRMM) 0 6 0 0		Case ID 210011068		Local Use																																																							
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit																																																							
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 3 2 7 9 5 1 3		Longitude (decimal degrees) - 0 9 7 3 2 2 7 7																																																									
ROAD ON WHICH CRASH OCCURRED																																																													
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600																																																							
3 Street Prefix		*Street Name		4 Street Suffix																																																									
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> No																																																							
Workers Present <input checked="" type="checkbox"/> No		Street Desc.																																																											
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																													
At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1																																																							
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																																																							
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker																																																							
Street Desc. HWY		RRX Num.																																																											
Unit Num. 85		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX																																																							
LP Num. KWK0164		VIN K L 7 C J K S B 6 J B 5 5 9 5 6 1																																																											
Veh. Year 2 0 1 8		6 Veh. Color-WHI		Veh. Make CHEVROLET		Veh. Model TRAX																																																							
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																											
8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99																																																							
10 CDL End. 99		11 DL Rest. 99		DOB (MM/DD/YYYY)																																																									
Address (Street, City, State, ZIP)																																																													
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Psn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>99</td> <td>99</td> <td></td> <td>99</td> <td></td> <td>99</td> <td>99</td> <td>1</td> <td>99</td> <td>5</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>								Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	99	99		99		99	99	1	99	5	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																												
1	99	99		99		99	99	1	99	5	97	N	96		96	97	97																																												
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																													
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		GARCIA DAVID LEE		FORT WORTH TX 76131																																																							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name GEICO																																																							
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 6- RD- 7		27 Vehicle Damage Rating 2 12- FD- 7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																							
Towed By MILNER TOWING		Towed To MILNER TOWING																																																											
Unit Num. 86		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX																																																							
LP Num. NVV4256		VIN 5 N 1 A T 2 M N 5 G C 8 4 9 8 4 8																																																											
Veh. Year 2 0 1 6		6 Veh. Color SIL		Veh. Make NISSAN		Veh. Model MURANO																																																							
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																											
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 45956159		9 DL Class C																																																							
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 0 6 / 1 9 / 1 9 9 3																																																									
Address (Street, City, State, ZIP) 3820 VILLA FLORIA DR #2101 FORT WORTH TX 76137																																																													
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Psn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>OLOFINKUA OLUWAKEMI B</td> <td>B</td> <td>27</td> <td>B</td> <td>1</td> <td>1</td> <td>1</td> <td>5</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>								Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	OLOFINKUA OLUWAKEMI B	B	27	B	1	1	1	5	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																												
1	1	1	OLOFINKUA OLUWAKEMI B	B	27	B	1	1	1	5	97	N	96		96	97	97																																												
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<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		OLOFINKUA OLUWAKEMI B		FORT WORTH TX 76137																																																							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name GEICO																																																							
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 6- RD- 7		27 Vehicle Damage Rating 2 7- BL- 7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																							
Towed By MILNER TOWING		Towed To MILNER TOWING																																																											

Electronically Filed  
8/2/2021 5:38 PMLaw Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDPage 86 of 149  
Hidalgo County District Clerk  
Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	86	1	MEDICAL CITY FW	MEDSTAR 56	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type	
	Carrier's Corp. Name	Carrier's Primary Addr.									
	31 Bus Type	<input type="checkbox"/> RGW <input type="checkbox"/> GVWR	<input type="checkbox"/> HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type		
	Unit Num.	<input type="checkbox"/> RGW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39- Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
									98	3	97	3	2	6	96	

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE														

INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	0	1	2	0	2	1	
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					Investigator Name (Printed)	HARPER, G. MARTIN, K	ID Num.	3380-3421												
ORI Num.	TX 22012000				*Agency	FORT WORTH POLICE DEPARTMENT											Service/ Region/DA	CENTRAL				

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Total Num. 8/2/2021 5:38 PM  
 Units 1 4 8  
 Printed 8/2/2021 5:38 PM  
 Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 87 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit	
Const. Zone <input checked="" type="checkbox"/> No				Workers Present <input checked="" type="checkbox"/> No		Street Desc.	
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 87		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. HPY0073		VIN 3GCPCE6G137530					
Veh. Year 2016		6 Veh. Color SIL		Veh. Make CHEVROLET		Veh. Model C1500	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 08841516		9 DL Class A	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 02/15/1962			
Address (Street, City, State, ZIP) 5013 MARBLE FALLS RD FORT WORTH TX 76103							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: Last, First, Middle TIMOTHY SCOTT	
14 Injury Severity B		Age 58		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address WARD TIMBER LTD 1154 HWY 155W LINDEN TX 75563							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE	
27 Vehicle Damage Rating 1 10-		LBQ-7		27 Vehicle Damage Rating 2 -		Vehicle Inventoried <input checked="" type="checkbox"/> No	
Towed By EDDS TOWING				Towed To EDDS TOWING			
Unit Num. 88		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. MLH1465		VIN 4T1B21HK8KU513602					
Veh. Year 2019		6 Veh. Color BLK		Veh. Make TOYOTA		Veh. Model CAMRY	
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99-	
10 CDL End. 99		11 DL Rest. 99		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP) UNKNOWN UNKNOWN UN UNK							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 99		13 Seat Position 99		Name: Last, First, Middle UNKNOWN UNKNOWN UNK	
14 Injury Severity 99		Age 99		15 Ethnicity 99		16 Sex 99	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address LEASE PLAN USA INC 1165 SANCTUARY PKWY #1 ALPHARETTA GA 30009							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name SENTRY	
27 Vehicle Damage Rating 1 3-		RP-7		27 Vehicle Damage Rating 2 9-		LFG-7	
Vehicle Inventoried <input checked="" type="checkbox"/> No							
Towed By BEARDS TOWING				Towed To BEARDS TOWING			

Electronically Filed

8/2/2021 5:38 PM

Hidalgo County District Clerk

Reviewed By: Alessandra Garza

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)												
	87	1	PERSONAL DR	SELF	/ /													
					/ /													
					/ /													
					/ /													
					/ /													
CHARGES	Unit Num.	Prsn. Num.	Charge			Citation/Reference Num.												
DAMAGE	Damaged Property Other Than Vehicles			Owner's Name	Owner's Address													
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.										
	Carrier's Corp. Name			Carrier's Primary Addr.			30 Veh. Type											
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type										
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No										
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles										
FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions									
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control				
								98	3	97	3	2	6	96				
NARRATIVE AND DIAGRAM	<p style="text-align: center;">DIAGRAM ON SEPARATE PAGE</p>																	
INVESTIGATOR	Time Notified (24HR:MM)		0 6 2 0		How Notified		DISPATCH		Time Arrived (24HRMM)		0 6 4 0		Report Date (MM/DD/YYYY)		0 3 / 0 1 / 2 0 2 1			
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)				HARPER, G. MARTIN, K				ID Num.				3380-3421			
	ORI Num.	TX 2 2 0 1 2 0 0				*Agency				FORT WORTH POLICE DEPARTMENT				Service/Region/DA				CENTRAL

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE
Total  
Num. 1 4 8  
UnitsTotal  
Num. 8/2/2021 5:38 PM  
Printed

Electronically Filed

Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

Page 89 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 89		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. LYT4887		VIN 2T2ZZMCA2JC097181					
Veh. Year 2018		6 Veh. Color BLU		Veh. Make LEXUS		Veh. Model RX 350	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 13360969		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 12/22/1985			
Address (Street, City, State, ZIP) 2148 BIGGS ST		FORT WORTH		TX 76177			
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity B		Age 35		15 Ethnicity W	
16 Sex 2		17 Eject. 1		18 Restr. 1		19 Airbag 5	
20 Helmet 97		21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
						Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.	
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		FILBERT ASTYN MARIE		FORT WORTH TX 76177	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name GEICO		Fin. Resp. Num. 4459868578	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 4*		RD* 7		27 Vehicle Damage Rating 2 9*	
LD* 7		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried <input checked="" type="checkbox"/> No			
Towed By MILNER TOWING		Towed To MILNER TOWING					
Unit Num. 90		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. FMS2046		VIN 1F1T7W2B15FEC79120					
Veh. Year 2015		6 Veh. Color BRO		Veh. Make FORD		Veh. Model F250	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 25099803		9 DL Class C	
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 04/17/1991			
Address (Street, City, State, ZIP) 2529 FOREST PARK BL		FORT WORTH		TX 76110			
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity B		Age 29		15 Ethnicity W	
16 Sex 1		17 Eject. 1		18 Restr. 1		19 Airbag 5	
20 Helmet 97		21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97					
						Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.	
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		YATES MELISSA		ODESSA TX 79761	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ALLSTATE		Fin. Resp. Num. 638277174	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 9*		LP* 7		27 Vehicle Damage Rating 2 12*	
FD* 5		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried <input checked="" type="checkbox"/> No			
Towed By ABC WRECKER		Towed To ABC WRECKER					



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Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

Page 80 of 149  
Hidalgo County District Clerk  
Reviewed By: Alessandra Oatman

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	89	1		LOCAL DR	SELF	/ /
90	1		PERSONAL DR	SELF	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	Carrier's Corp. Name			Carrier's Primary Addr.						
31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR			HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	
Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR			34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight			Total Num. Axles:	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control		
								98	3	97	3	2	6	96		

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE									

INVESTIGATOR	Time Notified (24HR:MM)	How Notified	Time Arrived (24HR:MM)	Report Date (MM/DD/YYYY)	ID Num.
		0 6 2 0	DISPATCH	0 6 4 0	0 3 / 0 1 / 2 0 2 1
Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) HARPER, G. MARTIN, K				Service/Region/DA C E N T R L
ORI Num. T X 2 2 0 1 2 0 0	Agency FORT WORTH POLICE DEPARTMENT				

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Units 1 4 8  
 Total Num. 8/2/2021 5:38 PM  
 Prsnb 3 6 1  
 Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

Reviewed By: Alessandra Galvan

Page 91 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit	
Const. Zone <input checked="" type="checkbox"/> No				Workers Present <input checked="" type="checkbox"/> No		Street Desc.	
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 91		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State AR	
LP Num. K810553		VIN 1F U J H H D R 5 K L K R 9 4 3 5					
Veh. Year 2019		6 Veh. Color GRY		Veh. Make FREIGHTLINER		Veh. Model CASCADIA 125	
7 Body Style TT		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State MX		DL/ID Num. NVOL072175		9 DL Class 98	
10 CDL End. 98		11 DL Rest. 98		DOB (MM/DD/YYYY) 04/02/1989			
Address (Street, City, State, ZIP) 6 DE NOVIEMBRE 212 6000 NL-6000 MX NL6000							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: ZUIGA-GUEVARA VICTOR ROGELIO	
14 Injury Severity C		Age 31		15 Ethnicity H		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 97		20 Helmet N	
21 Sol. 96		22 Alc. Spec. 96		23 Drug Spec. 97		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
*Owner <input checked="" type="checkbox"/> Lessee <input type="checkbox"/> Owner/Lessee Name & Address RICH TRANSPORT LLC 6011 SCOTT HAMMILTON DR LITTLE ROCK AR 72209							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name UNITED SPECIALTY INS CO	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 5-		RBQ-3		27 Vehicle Damage Rating 2 -	
Towed By BEARDS TOWING		Towed To RICH TRANSPORT 4444 IRVING BLVD					
Unit Num. 92		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State OK	
LP Num. 1880LT		VIN 3 H 3 V 5 3 2 C 9 G T 3 6 1 0 6 4					
Veh. Year 2016		6 Veh. Color WHI		Veh. Make HYUNDAI STEEL INDUSTRIES		Veh. Model NOT APPLICABLE	
7 Body Style TL		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class	
10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP)							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num.		12 Prsn. Type		13 Seat Position		Name:	
14 Injury Severity		Age		15 Ethnicity		16 Sex	
17 Eject.		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec.		23 Drug Spec.		24 Drug Result	
25 Drug Category		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
*Owner <input checked="" type="checkbox"/> Lessee <input type="checkbox"/> Owner/Lessee Name & Address RICH TRANSPORT LLC 6011 SCOTT HAMMILTON DR LITTLE ROCK AR 72209							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name UNITED SPECIALTY INS	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 11-		LFG-2		27 Vehicle Damage Rating 2 -	
Towed By BEARDS TOWING		Towed To RICH TRANSPORT 4444 IRVING BL					

Case ID 210011068

TxDOT Crash ID	
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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR.MM)
	91	1	LOCAL DR	SELF	/ /	
91	2	LOCAL DR	SELF	/ /		
				/ /		
				/ /		
				/ /		
				/ /		

[illegible]

DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

Unit Num.	91	<input checked="" type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input checked="" type="checkbox"/> No	28 Veh. Oper.	1	29 Carrier ID Type	1	Carrier ID Num.	00305789									
Carrier's Corp. Name	RICH TRANSPORT LLC				Carrier's Primary Addr.	6011 SCOTT HAMILTON DR				LITTLE ROCK	RI	72209	30 Veh. Type	8							
31 Bus Type	0	<input type="checkbox"/> RGWW	<input checked="" type="checkbox"/> GVWR	5	2	3	5	0	HazMat Released	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	32 HazMat Class Num.		HazMat ID Num.		32 HazMat Class Num.		HazMat ID Num.		33 Cargo Body Type	3
Unit Num.	92	<input type="checkbox"/> RGWW	<input checked="" type="checkbox"/> GVWR	6	8	0	0	0	34 Trlr. Type	2	CMV Disabling Damage?	<input checked="" type="checkbox"/> No	Unit Num.		<input type="checkbox"/> RGWW	<input checked="" type="checkbox"/> GVWR	34 Trlr. Type		CMV Disabling Damage?	<input checked="" type="checkbox"/> No	
Sequence Of Events	35 Seq. 1	98	35 Seq. 2		35 Seq. 3		35 Seq. 4		Intermodal Shipping Container Permit	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Actual Gross Weight		Total Num. Axles							

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit #	Contributing		May Have Contrib.	Contributing		May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
									98	3	97	3	2	6	96

NARRATIVE AND DIAGRAM		
		DIAGRAM ON SEPARATE PAGE

INVESTIGATOR	Time Notified (24HR:MM)				0   6   2   0				How Notified				DISPATCH				Time Arrived (24HRMM)				0   6   4   0				Report Date (MM/DD/YYYY)				0   3   0   1   2   0   2   1				
	Invest. Comp.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Investigator Name (Printed)																ID Num.												
				HARPER, G. MARTIN, K																3380-3421													
ORI Num.		T   X   2   2   0   1   2   0   0												*Agency												Service/Region/DA				C   E   N   T   R   L			
														FORT WORTH POLICE DEPARTMENT																			

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total  
Num. 1 4 8  
Units

 Total  
Num. 8/24/2021 5:38 PM  
Printed

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Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 93 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit	
Const. Zone <input checked="" type="checkbox"/> No		Workers Present <input checked="" type="checkbox"/> No		Street Desc.			
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 93		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. FKK3682		VIN 4 T 1 B F 3 2 K 1 3 U 5 4 8 7 1 8					
Veh. Year 2003		6 Veh. Color SIL		Veh. Make TOYOTA		Veh. Model CAMRY	
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99	
10 CDL End. 99		11 DL Rest. 99		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP) UNKNOWN UNKNOWN UN UNK							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 99		13 Seat Position 99		14 Injury Severity 99	
15 Age 99		16 Sex 99		17 Eject 1		18 Restr. 1	
19 Airbag 97		20 Helmet N		21 Sol. 96		22 Alc. Spec. 96	
23 Drug Spec. 96		24 Drug Result 97		25 Drug Result 97		26 Drug Category	
Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		RODRIGUEZ ANGELICA MARIA--		FORT WORTH TX 76137	
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name STATE FARM	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 6-		FD-7		27 Vehicle Damage Rating 2 12-	
RD-7		Vehicle Inventoried <input checked="" type="checkbox"/> No					
Towed By BIVINS TOWING		Towed To BIVINS TOWING					
Unit Num. 94		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. MZN8398		VIN J T J H G K F A 4 L 2 0 1 2 3 9 3					
Veh. Year 2020		6 Veh. Color BLK		Veh. Make LEXUS		Veh. Model RX SERIES	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99	
10 CDL End. 99		11 DL Rest. 99		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP) UNKNOWN UNKNOWN UN UNK							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 99		13 Seat Position 99		14 Injury Severity 99	
15 Age 99		16 Sex 99		17 Eject 99		18 Restr. 99	
19 Airbag 5		20 Helmet 97		21 Sol. N		22 Alc. Spec. 96	
23 Drug Spec. 96		24 Drug Result 97		25 Drug Result 97		26 Drug Category	
Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		OKEREKE EVANGELYN C		FORT WORTH TX 76244	
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name LIBERTY	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 6-		RD-7		27 Vehicle Damage Rating 2 12-	
FD-7		Vehicle Inventoried <input checked="" type="checkbox"/> No					
Towed By TEXAS TOWING		Towed To TEXAS TOWING					

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8/2/2021 5:38 PM

Hidalgo County District Clerk

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Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

Reviewed By: Alessandra Garza

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
						/ /
					/ /	
					/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR								
32 HazMat Class Num.										
33 Cargo Body Type										
34 Trlr. Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR									
35 Seq. 1										
35 Seq. 2										
35 Seq. 3										
35 Seq. 4										
Intermodal Shipping Container Permit										
Actual Gross Weight										
Total Num. Axles:										

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
									98	3	97	3	2	6	96	

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE															

INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HRMM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	0	1	2	0	2	1
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																			
Investigator Name (Printed)	HARPER, G. MARTIN, K																				
ORI Num.	TX 22012000 *Agency FORT WORTH POLICE DEPARTMENT																				
ID Num.	3380-3421																				
Service/Region/DA	CENTRAL																				



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Total Num. 1 3 8  
 Units 1 3 8  
 Printed 1 3 8  
 District Clerk's

Electronically Filed

8/2/2021 5:38 PM

Hidalgo County District Clerk's

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 95 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277			
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll-Road/ Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Workers Present <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 95		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. FTX0652		VIN Y V 1 4 0 M F C 4 F 1 3 1 8 8 7 3					
Veh. Year 2015		6 Veh. Color WHI		Veh. Make VOLVO		Veh. Model S60	
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 16835378		9 DL Class C	
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 06/15/1978			
Address (Street, City, State, ZIP) 1301 VANDERBILT				KELLER TX 76262			
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity B		Age 42		15 Ethnicity W	
16 Sex 2		17 Eject. 1		18 Restr. 1		19 Airbag 5	
20 Helmet 97		21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		BROCHU JOANNA GRABBE		KELLER TX 76262	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired		26 Fin. Resp. Type 1		Fin. Resp. Name STATE FARM		Fin. Resp. Num. 410 9844-A20-43 002	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 5-		RD-6		27 Vehicle Damage Rating 2 12-	
Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried <input checked="" type="checkbox"/> No					
Towed By TEXAS TOWING		Towed To TEXAS TOWING					
Unit Num. 96		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. CA68173		VIN 1 C 6 R D 6 L T X C S 1 9 4 1 8 4					
Veh. Year 2012		6 Veh. Color BLU		Veh. Make DODGE		Veh. Model RAM 1500	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 20257776		9 DL Class C	
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 09/18/1987			
Address (Street, City, State, ZIP) 6801 WOODDED CT				MANSFIELD TX 76063			
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity B		Age 33		15 Ethnicity W	
16 Sex 1		17 Eject. 1		18 Restr. 1		19 Airbag 2	
20 Helmet 97		21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		HARDAWAY KRIS		MANSFIELD TX 76063	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired		26 Fin. Resp. Type 1		Fin. Resp. Name STATE FARM		Fin. Resp. Num. 384 1546-A27-43B 001	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 3-	
Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried <input checked="" type="checkbox"/> No					
Towed By TEXAS TOWING		Towed To TEXAS TOWING					

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Hidalgo County District Clerk

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Law Enforcement and TxDOT Use ONLY.

Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	95	1		JOHN PETER SMITH	AMA	/ /
96	1		LOCAL HOSPITAL	SELF	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE		Owner's Name		Owner's Address	

Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
Carrier's Corp. Name	Carrier's Primary Addr.								
31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	
Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:	

36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
								98	3	97	3	2	6	96

NARRATIVE AND DIAGRAM

INVESTIGATOR	Time Notified (24HR:MM)	How- Notified	Time Arrived (24HR:MM)	Report Date (MM/DD/YYYY)
Invest. Corp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	0 6 2 0	DISPATCH	0 6 4 0	0 3 / 0 1 / 2 0 2 1
Investigator Name (Printed)	HARPER, G. MARTIN, K			
ORI Num.	TX 2 2 0 1 2 0 0			
Agency	FORT WORTH POLICE DEPARTMENT			
Service/ Region/DA	CENTRAL			

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Units 1 4 8  
 Total Num. 8/2/2021 5:38 PM  
 Prsn. Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

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Refer to Attached Code Sheet for Numbered Fields

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use		
*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277		
ROAD ON WHICH CRASH OCCURRED								
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600		
3 Street Prefix		*Street Name		4 Street Suffix				
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		
Const. Zone <input checked="" type="checkbox"/> No		Workers Present <input checked="" type="checkbox"/> No		Street Desc.				
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER								
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST		
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker		
Street Desc. HWY		RRX Num.						
Unit Num. 97		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		
LP Num. PBJ9184		VIN 1C4BJWDG6GL137758						
Veh. Year 2016		6 Veh. Color BLK		Veh. Make JEEP		Veh. Model WRANGLER		
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)						
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 34665433		9 DL Class B		
10 CDL End. P		11 DL Rest. EM		DOB (MM/DD/YYYY) 06/23/1995				
Address (Street, City, State, ZIP) 3829 ALDERSYDE DR FORT WORTH TX 76244								
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle		
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity N		Age 25		15 Ethnicity W		
16 Sex 1		17 Eject 1		18 Restr. 1		19 Airbag 97		
20 Helmet N		21 Sol. 96		22 Alc. Spec. 96		23 Drug Spec. 97		
24 Drug Result 97		25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.				
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		BURRIS STEVEN KELLY		FORT WORTH TX 76244		
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE		
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 -		27 Vehicle Damage Rating 2 -		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Towed By DRIVEN BY OWNER		Towed To HOME						
Unit Num. 98		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		
LP Num. KNZ2341		VIN 5TETU4GN8AZ690334						
Veh. Year 2010		6 Veh. Color BLU		Veh. Make TOYOTA		Veh. Model TACOMA		
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)						
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 11309323		9 DL Class C		
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 07/30/1986				
Address (Street, City, State, ZIP) 2541 DAHLIA DR FORT WORTH TX 76123								
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle		
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity B		Age 34		15 Ethnicity W		
16 Sex 2		17 Eject 1		18 Restr. 1		19 Airbag 97		
20 Helmet N		21 Sol. 96		22 Alc. Spec. 96		23 Drug Spec. 97		
24 Drug Result 97		25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.				
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		BARTHA CLARA ANNE		FORT WORTH TX 76123		
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name STATE FARM		
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 6- RD- 4		27 Vehicle Damage Rating 2 12- FD- 4		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Towed By LONESTAR TOWING		Towed To LONESTAR TOWING						

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Hidalgo County District Clerk

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Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

Reviewed By: Alessandra Garhan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	98	1		LOCAL HOSPITAL	SELF	/ /
					/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	31 Bus-Type		<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.
Unit Num.		<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing		May Have Contrib.	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
									98	3	97	3	2	6	96	

NARRATIVE AND DIAGRAM	Time Notified (24HR:MM)		How Notified	Time Arrived (24HR:MM)		Report Date (MM/DD/YYYY)	
		0 6 2 0	DISPATCH	0 6 4 0	0 3 / 0 1 / 2 0 2 1		

INVESTIGATOR	Invest. Comp.	Investigator Name (Printed)	ID Num.	Service/Region/DA
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HARPER, G. MARTIN, K	3380-3421	C E N T R L

ORI Num.	Agency
T X 2 2 0 1 2 0 0	FORT WORTH POLICE DEPARTMENT

DIAGRAM ON SEPARATE PAGE

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Units 1 3 8  
 Total Num. 8/2/2021 5:38 PM  
 Prsn. Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 99 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277			
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				Workers Present <input checked="" type="checkbox"/> No		Street Desc.	
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
				Block Num. 2500		3 Street Prefix NE	
				Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
				Street Desc. HWY		RRX Num.	
Unit Num. 99		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
				LP Num. 1M94928		VIN 2XKHJAJ7X8MM460562	
Veh. Year 2020		6 Veh. Color RED		Veh. Make KENWORTH		Veh. Model UNKNOWN	
7 Body Style TT				<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)			
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 38232930		9 DL Class A	
				10 CDL End. HNT		11 DL Rest. P27	
				DOB (MM/DD/YYYY) 02/23/1996			
Address (Street, City, State, ZIP) 3936 LONGMEADOW WAY FORT WORTH TX 76133							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle	
						Enter Driver or Primary Person for this Unit on first line	
						14 Injury Severity N	
						Age 24	
						15 Ethnicity H	
						16 Sex 1	
						17 Eject. 1	
						18 Restr. 1	
						19 Airbag 97	
						20 Helmet N	
						21 Sol. 96	
						22 Alc. Spec. 96	
						23 Drug Spec. 97	
						24 Drug Result 97	
						25 Drug Category 97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		COCA COLA BEVERAGES LLC		FORT WORTH TX 76137	
				3400 FOSSIL CREEK BLVD			
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired		<input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name BEECHER CARLSON INS	
						Fin. Resp. Num. 404-460-1401	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 -		27 Vehicle Damage Rating 2 -		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By DRIVEN BY DRIVER		Towed To COMPANY LOT					
Unit Num. 100		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
				LP Num. 202452		VIN 2MNN01JAL161008616	
Veh. Year 2006		6 Veh. Color RED		Veh. Make TRAILMOBILE		Veh. Model NOT APPLICABLE	
7 Body Style TL				<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)			
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class	
				10 CDL End.		11 DL Rest.	
				DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP)							
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle	
						Enter Driver or Primary Person for this Unit on first line	
						14 Injury Severity	
						Age	
						15 Ethnicity	
						16 Sex	
						17 Eject.	
						18 Restr.	
						19 Airbag	
						20 Helmet	
						21 Sol.	
						22 Alc. Spec.	
						23 Drug Spec.	
						24 Drug Result	
						25 Drug Category	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		COCA COLA BEVERAGES LL		FORT WORTH TX 76137	
				3400 FOSSIL CREEK BLVD			
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired		<input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name BEECHER CARLSON	
						Fin. Resp. Num. 404-460-1401	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 -		27 Vehicle Damage Rating 2 -		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By DRIVEN AWAY		Towed To COMPANY LOT					



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Hidalgo County District Clerk

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Law Enforcement and TxDDT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDDT  
Crash ID

Reviewed By: Alessandra Garhan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
					/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	10,001+ LBS.	TRANSPORTING HAZARDOUS MATERIAL	9+ CAPACITY	CMV Disabling Damage?	Yes No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	
	99	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No	2	1	02977752
	Carrier's Corp. Name COCA COLA BEVERAGES LL									
	Carrier's Primary Addr. 3400 FOSSIL CREEK FORT WORTH TX 76137									
	30 Veh. Type 8									

CMV	31 Bus Type	RGVW	GVWR	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
	0	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3,300,00				3
	Unit Num. 100							
	CMV Disabling Damage? <input checked="" type="checkbox"/> No							
	Unit Num.							

FACTORS & CONDITIONS	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	Yes No	Actual Gross Weight	Total Num. Axles:	
		98					<input checked="" type="checkbox"/>	No		
	36 Contributing Factors (Investigator's Opinion)									
	37 Vehicle Defects (Investigator's Opinion)									
	Environmental and Roadway Conditions									

NARRATIVE AND DIAGRAM	Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control

DIAGRAM ON SEPARATE PAGE

INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HRMM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	/	0	1	/	2	0	2	1	
	Invest. Comp.	<input checked="" type="checkbox"/> Yes																						
	Investigator Name (Printed)	HARPER, G. MARTIN, K																						
	ORI Num.	TX 2201200																						
	*Agency	FORT WORTH POLICE DEPARTMENT																						

ID Num.	Service/ Region/DA	C	E	N	T	R	L

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE
Total  
Num. 1 4 8  
UnitsTotal  
Num. 3 2 1  
Prsn

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Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 101 of 149

Refer to Attached Code Sheet for Numbered Fields

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date- (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At-Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 101		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. NNZ5465		VIN 1FMSK7DH1LGA14167		Veh. Year 2020		6 Veh. Color GRY	
Veh. Make FORD		Veh. Model EXPLORER		7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)	
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 38045225		9 DL Class C	
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 02/28/1982			
Address (Street, City, State, ZIP) 10324 BURTRUM DR FORT WORTH TX 76177							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity B		Age 38		15 Ethnicity W	
16 Sex 2		17 Eject 1		18 Restr. 1		19 Airbag 5	
20 Helmet 97		21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		CHILDRESS ANGELA M		10324 BURTRUM DR FORT WORTH TX 76177	
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type-1		Fin. Resp. Name LIBERTY COUNTY	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12*		FD* 6		27 Vehicle Damage Rating 2 6*	
RD* 5		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Towed By BIVINS		Towed To BIVINS TOWING					
Unit Num. 102		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. GXC1444		VIN 4S4B5BLC9G3285452		Veh. Year 2016		6 Veh. Color WHI	
Veh. Make SUBARU		Veh. Model OUTBACK		7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)	
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 14454122		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 07/07/1980			
Address (Street, City, State, ZIP) 4813 STETSON DR S FORT WORTH TX 76244							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity C		Age 40		15 Ethnicity W	
16 Sex 2		17 Eject 1		18 Restr. 1		19 Airbag 5	
20 Helmet 97		21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		DOYLE WILLIAM		4813 STETSON DR S FORT WORTH TX 76244	
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name USAA	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 3-		RP* 7		27 Vehicle Damage Rating 2 6-	
BR* 7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Towed By TEXAS TOWING		Towed To TEXAS TOWING					

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Hidalgo County District Clerk

Reviewed By: Alessandra Galvan

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	101	1		LOCAL HOSP	SELF	/ /
102	1		LOCAL HOSP	MEDSTAR 65	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	31 Bus Type		<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR							
32 HazMat Class Num.										
33 Cargo Body Type										
34 Trlr. Type		<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR								
35 Seq. 1										
35 Seq. 2										
35 Seq. 3										
35 Seq. 4										
Intermodal Shipping Container Permit										
Actual Gross Weight										
Total Num. Axles:										

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
									98	3	97	3	2	6	96	

NARRATIVE AND DIAGRAM	Time Notified (24HR:MM)		How Notified	Time Arrived (24HR:MM)		Report Date (MM/DD/YYYY)	
		0620	DISPATCH	0640	0301	2021	

INVESTIGATOR	Invest. Comp.	Investigator Name (Printed)	ID Num.	Service/Region/DA
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HARPER, G. MARTIN, K	3380-3421	CENTRAL

ORI Num.	*Agency
TX 22012000	FORT WORTH POLICE DEPARTMENT

DIAGRAM ON SEPARATE PAGE

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total  
Num. 1 4 8  
Units

 Total  
Num. 3 6  
Presn

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Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

Reviewed By: Alessandra Galvan

Page 103 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277			
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 103		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. NFX6985		VIN 1C4HJXFN1JW195858					
Veh. Year 2018		6 Veh. Color RED		Veh. Make JEEP		Veh. Model WRANGLER	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 20332156		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 04/05/1986			
Address (Street, City, State, ZIP) 721 SALIDA RD HASLET TX 76052							
Person Num. 1		12 Prsh. Type 1		13 Seat Position 1		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity B		Age 34		15 Ethnicity W	
16 Sex 2		17 Eject. 1		18 Restr. 1		19 Airbag 97	
20 Helmet N		21 Sol. 96		22 Alc. Spec. 96		23 Drug Spec. 97	
24 Drug Result 97		25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		REYNOLDS MEGAN- RENEE		HASLET TX 76052	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name HOME STATE COUNTY MUTUAL		Fin. Resp. Num. 1000464830	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 11- FL-7		27 Vehicle Damage Rating 2 -		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By MILNER		Towed To MILNER TOWING					
Unit Num. 104		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. KTW9354		VIN 19XFC2E54JE013733					
Veh. Year 2018		6 Veh. Color BLU		Veh. Make HONDA		Veh. Model CIVIC	
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 42553001		9 DL Class C	
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 12/14/1996			
Address (Street, City, State, ZIP) 12108 MALONE RD NEWARD TX 76071							
Person Num. 1		12 Prsh. Type 1		13 Seat Position 1		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity B		Age 24		15 Ethnicity A	
16 Sex 2		17 Eject. 1		18 Restr. 5		19 Airbag 97	
20 Helmet N		21 Sol. 96		22 Alc. Spec. 96		23 Drug Spec. 97	
24 Drug Result 97		25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		MEDO FRANKIE		NEWARD TX 76071	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name USAA		Fin. Resp. Num. 016468131 7105	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12- FD-7		27 Vehicle Damage Rating 2 3- RBQ-5		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By TEXAS TOWING		Towed To TEXAS TOWING					

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Hidalgo County District Clerk

Reviewed By: Alessandra Galvan

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	103	1		LOCAL HOSP	SELF	/ /
104	1		LOCAL HOSP	SELF	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR				HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.
33 Cargo Body Type									
Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR				34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight		Total Num. Axles:	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38. Weather Cond.	39. Light Cond.	40. Entering Roads	41. Roadway Type	42. Roadway Alignment	43. Surface Condition	44. Traffic Control	
									98	3	97	3	2	6	96	

NARRATIVE AND DIAGRAM																
	DIAGRAM ON SEPARATE PAGE															

INVESTIGATOR	Time Notified (24HR:MM)	How Notified	Time Arrived (24HR:MM)	Report Date (MM/DD/YYYY)
		0 6 2 0	DISPATCH	0 6 4 0
Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) HARPER, G. MARTIN, K			
ORI Num.	T X 2 2 0 1 2 0 0 *Agency FORT WORTH POLICE DEPARTMENT			
	ID Num. 3380-3421			
	Service/Region/DA C E N T R L			



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Total Num. 8/2/2021 5:38 PM  
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Hidalgo County District Clerks

Reviewed By: Alessandra Galvan

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 Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)  
 Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457  
 Refer to Attached Code Sheet for Numbered Fields

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit	
Const. Zone <input checked="" type="checkbox"/> No		Workers Present <input checked="" type="checkbox"/> No		Street Desc.			
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 105		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State IN	
LP Num. 3041184		VIN 3AKJGLDR9HSH1335					
Veh. Year 2017		6 Veh. Color GRY		Veh. Make FREIGHTLINER		Veh. Model UNKNOWN	
7 Body Style TT		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 2		DL/ID State OK		DL/ID Num. G084200821		9 DL Class 98	
10 CDL End. 98		11 DL Rest. 98		DOB (MM/DD/YYYY) 04/23/1970			
Address (Street, City, State, ZIP) 102 CONISER AVE #1				POTEAU OK 74953			
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line				14 Injury Severity			
15 Age				16 Sex			
17 Eject.				18 Restr.			
19 Airbag				20 Helmet			
21 Sol.				22 Alc. Spec.			
23 Alc. Result				24 Drug Spec.			
25 Drug Result				26 Drug Category			
1 Person Num. 1				12 Psn. Type 1			
13 Seat Position 1				Name: HOWARD JOHN MICHAEL			
14 Injury Severity N				15 Age 50			
16 Sex W				17 Eject. 1			
18 Restr. 1				19 Airbag 1			
20 Helmet 97				21 Sol. N			
22 Alc. Spec. 96				23 Alc. Result 96			
24 Drug Spec. 97				25 Drug Result 97			
26 Drug Category 97				Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee				Owner/Lessee Name & Address			
HOWARD JOHN MICHAEL				POTEAU OK 74953			
102 CONISER AVE #1							
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> Exempt				26 Fin. Resp. Type 1			
Fin. Resp. Name OLD REPUBLIC INS				Fin. Resp. Num. MWTT314656			
Fin. Resp. Phone Num.				27 Vehicle Damage Rating 1 12" FD-2			
27 Vehicle Damage Rating 2 -				Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Towed By BEARDS TOWING				Towed To 4400 E LOOP 820 S			
Unit Num. 106		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TN	
LP Num. U853377		VIN 1GRDM0326KH135495					
Veh. Year 2019		6 Veh. Color BLK		Veh. Make GREAT DANE TRAILERS		Veh. Model NOT APPLICABLE	
7 Body Style TL		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class	
10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP)				POTEAU OK 74953			
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line				14 Injury Severity			
15 Age				16 Sex			
17 Eject.				18 Restr.			
19 Airbag				20 Helmet			
21 Sol.				22 Alc. Spec.			
23 Alc. Result				24 Drug Spec.			
25 Drug Result				26 Drug Category			
1 Person Num. 1				12 Psn. Type 1			
13 Seat Position 1				Name: HOWARD JOHN MICHAEL			
14 Injury Severity N				15 Age 50			
16 Sex W				17 Eject. 1			
18 Restr. 1				19 Airbag 1			
20 Helmet 97				21 Sol. N			
22 Alc. Spec. 96				23 Alc. Result 96			
24 Drug Spec. 97				25 Drug Result 97			
26 Drug Category 97				Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee				Owner/Lessee Name & Address			
HOWARD JOHN MICHAEL				POTEAU OK 74953			
102 CONISER AVE #1							
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> Exempt				26 Fin. Resp. Type 1			
Fin. Resp. Name OLD REPUBLIC INS				Fin. Resp. Num. MWTT314656			
Fin. Resp. Phone Num.				27 Vehicle Damage Rating 1 -			
27 Vehicle Damage Rating 2 -				Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Towed By BEARDS TOWING				Towed To BEARDS TOWING			

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Hidalgo County District Clerk

Reviewed By: Alessandra Galvan

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

DISPOSITION OF INJURED/KILLED		Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
						/ /	
						/ /	
						/ /	
						/ /	
						/ /	
						/ /	
						/ /	

CHARGES		Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE		Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

CMV		Unit Num.	10,001+ LBS.	TRANSPORTING HAZARDOUS MATERIAL	9+ CAPACITY	CMV Disabling Damage?	Yes	No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
Unit Num.	105	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Yes	No	1	1	00154712
Carrier's Corp. Name	MERCER TRANSPORTATION			Carrier's Primary Addr.			1128 W MAIN ST			LOUISVILLE KY 40232	
31 Bus Type	0	<input type="checkbox"/> RGWW	<input checked="" type="checkbox"/> GVWR	5	2	0	0	0	0	32 HazMat Class Num.	33 Cargo Body Type
Unit Num.	106	<input type="checkbox"/> RGWW	<input checked="" type="checkbox"/> GVWR	6	9	0	0	0	0	32 HazMat Class Num.	33 Cargo Body Type
Sequence Of Events	35 Seq. 1	98	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:	

FACTORS & CONDITIONS		36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control				
							98	3	97	3	2	6	96				

NARRATIVE AND DIAGRAM	
<p>DIAGRAM ON SEPARATE PAGE</p>	

INVESTIGATOR		Time Notified (24HR:MM)	How Notified	Time Arrived (24HR:MM)	Report Date (MM/DD/YYYY)
Invest. Comp.	<input checked="" type="checkbox"/> Yes	0	6	2	0
Investigator Name (Printed)	HARPER, G.		MARTIN, K		DISPATCH
ORI Num.	TX 2201200		Agency		FORT WORTH POLICE DEPARTMENT
ID Num.	3380-3421		Service/Region/DA		CENTRAL

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE
Total  
Num. 1 4 8  
UnitsTotal  
Num. 8/2/2021 5:38 PM  
Prsn. 3 6 10

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Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 107 of 149

Refer to Attached Code Sheet for Numbered Fields

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277			
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 107		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. JWN8147		VIN 1C4RJEA3HC916372					
Veh. Year 2017		6 Veh. Color GRAY		Veh. Make JEEP		Veh. Model GRAND CHEROKEE	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 36581094		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 07/02/1990			
Address (Street, City, State, ZIP) 3901 RINGDOVE WAY ROANOKE TX 76266							
Person Num. 1		12 Psn. Type 1		13 Seat Position		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity		Age		15 Ethnicity	
16 Sex		17 Eject		18 Restr.		19 Airbag	
20 Helmet		21 Sol.		22 Alc. Spec.		Alc. Result	
23 Drug Spec.		24 Drug Result		25 Drug Result		26 Drug Category	
1		1		1		ESCAMILLA HALEE ELIZABETH	
B		30		H		2	
1		1		5		97	
N		96				96	
97		97		97		97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		ESCAMILLA ERNESTO		ROANOKE TX 76266	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired		26 Fin. Resp. Type 1		Fin. Resp. Name		PROGRESSIVE	
Fin. Resp. Num. 942464043		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 6-	
RD-7		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried			
Towed By DENNYS TOWING		Towed To DENNYS TOWING					
Unit Num. 108		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. JSV6956		VIN 1G1T12UEY8H168496					
Veh. Year 2017		6 Veh. Color BLK		Veh. Make GMC		Veh. Model SIERRA C1500	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 2763318		9 DL Class AM	
10 CDL End. P		11 DL Rest. 96		DOB (MM/DD/YYYY) 10/12/1956			
Address (Street, City, State, ZIP) 616 WHITE FALCON WAY FORT WORTH TX 76131							
Person Num. 1		12 Psn. Type 1		13 Seat Position		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity		Age		15 Ethnicity	
16 Sex		17 Eject		18 Restr.		19 Airbag	
20 Helmet		21 Sol.		22 Alc. Spec.		Alc. Result	
23 Drug Spec.		24 Drug Result		25 Drug Result		26 Drug Category	
1		1		1		BURNETT ROGER ALAN	
B		64		W		1	
1		1		5		97	
N		96				96	
97		97		97		97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		BURNETT ROGER		FORT WORTH TX 76131	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired		26 Fin. Resp. Type 1		Fin. Resp. Name		ELEPHANT	
Fin. Resp. Num. 24400092434		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 9-	
L&T-6		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried			
Towed By CARDINAL TOWING		Towed To CARDINAL TOWING					

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Hidalgo County District Clerk

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Law Enforcement and TxDOT Use ONLY.

Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	107	1		LOCAL HOSP	SELF	/ /
108	1		LOCAL HOSP	SELF	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	Carrier's Corp. Name	Carrier's Primary Addr.								
31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No		32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type		
Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control		
								98	3	97	3	2	6	96		

INVESTIGATOR	NARRATIVE AND DIAGRAM									
	<p style="text-align: center;">DIAGRAM ON SEPARATE PAGE</p>									

INVESTIGATOR	Time Notified (24HR:MM)	How Notified	Time Arrived (24HR:MM)	Report Date (MM/DD/YYYY)
		0 6 2 0	DISPATCH	0 6 4 0

INVESTIGATOR	Invest. Comp.	Investigator Name (Printed)	ID Num.
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HARPER, G. MARTIN, K	3380-3421

ORI Num.	Service/Region/DA									
	T X 2 2 0 1 2 0 0	F O R T W O R T H P O L I C E D E P A R T M E N T								

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Units 1 3 8  
 Total Num. 8/2/2021 5:38 PM  
 Units 1 3 8  
 Hidalgo County District Clerks


## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 109 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit	
Const. Zone <input checked="" type="checkbox"/> No				Workers Present <input checked="" type="checkbox"/> No		Street Desc.	
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 109		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. NPS9255		VIN K M 8 K 2 2 A A 8 L U 5 4 2 8 8 2					
Veh. Year 2020		6 Veh. Color BLK		Veh. Make HYUNDAI		Veh. Model UNKNOWN	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 39825123		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 05/10/1999			
Address (Street, City, State, ZIP) 1320 NW SUMMERCREST BL BURLESON TX 76028							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity A		Age 21		15 Ethnicity B		16 Sex 2	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		MAYS DESTINY COURTNEY		BURLESON TX 76028	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ECONOMY FIRE AND CASUALTY INS		Fin. Resp. Num. A2983152580	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 6-	
RD-7		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried <input checked="" type="checkbox"/> No			
Towed By BIVINS TOWING		Towed To BIVINS TOWING					
Unit Num. 110		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. BJB9869		VIN 1 D 7 R V 1 C P 8 A S 2 5 7 4 1 2					
Veh. Year 2010		6 Veh. Color MAR		Veh. Make DODGE		Veh. Model RAM 1500	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 36743475		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 01/08/1962			
Address (Street, City, State, ZIP) 7751 SUNNYVIEW CT FORT WORTH TX 76137							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity B		Age 59		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		FLACH SHAUN WILLIAM		FORT WORTH TX 76137	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name STATE FARM		Fin. Resp. Num. 338 1590 L08 43F 001	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 6-	
RD-7		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried <input checked="" type="checkbox"/> No			
Towed By TEXAS TOWING		Towed To TEXAS TOWING					



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Hidalgo County District Clerk

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Law Enforcement and TxDOT Use ONLY.

Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	109	1		JOHN PETER SMITH	MEDSTAR 63	/ /
110	1		JOHN PETER SMITH	MEDSTAR 63	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	Carrier's Corp. Name					Carrier's Primary Addr.				
31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No		32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type		
Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
									98	3	97	3	2	6	96

NARRATIVE AND DIAGRAM	36 Contributing Factors (Investigator's Opinion)										37 Vehicle Defects (Investigator's Opinion)										Environmental and Roadway Conditions																		
	<p style="text-align: center;">DIAGRAM ON SEPARATE PAGE</p>																																						

INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HRMM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	/	0	1	/	2	0	2	1				
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					Investigator Name (Printed)	HARPER, G.	MARTIN, K	ID Num.	3380-3421																
ORI Num.	TX 22012000										*Agency	FORT WORTH POLICE DEPARTMENT										Service/Region/DA	CENTRAL				

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE ☐ SCHOOL ZONE
Total  
Num. 1 4 8  
Units

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Hidalgo County District Clerks

Reviewed By: Alessandra Galvan

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Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)  
 Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457  
 Refer to Attached Code Sheet for Numbered Fields

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit	
Const. Zone <input checked="" type="checkbox"/> No		Workers Present <input checked="" type="checkbox"/> No		Street Desc.			
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 111		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. NFS8526		VIN 3GNKB1B1RA5L5545674					
Veh. Year 2020		6 Veh. Color BLK		Veh. Make CHEVROLET		Veh. Model BLAZER	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 06992863		9 DL Class C	
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 11/04/1961			
Address (Street, City, State, ZIP) 3709 FOSSIL TREE LN FORT WORTH TX 76244							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity B		Age 59		15 Ethnicity B	
16 Sex 1		17 Eject. 1		18 Restr. 5		19 Airbag 97	
20 Helmet N		21 Sol. 96		22 Alc. Spec. 96		23 Drug Spec. 97	
24 Drug Result 97		25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		JAMES REGINALD VON		3709 FOSSIL TREE LN FORT WORTH TX 76244	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name US LLOYDS		Fin. Resp. Num. US0A111659	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 6-	
RD-7		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried <input checked="" type="checkbox"/> No			
Towed By TEXAS TOWING		Towed To TEXAS TOWING					
Unit Num. 112		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. MTF6390		VIN JTETB1U5JR9K5737125					
Veh. Year 2019		6 Veh. Color WHI		Veh. Make TOYOTA		Veh. Model 4RUNNER/SR5	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 15754634		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 04/25/1984			
Address (Street, City, State, ZIP) 6901 GOLF GREEN DR ARLINGTON TX 76001							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity B		Age 36		15 Ethnicity W	
16 Sex 2		17 Eject. 1		18 Restr. 5		19 Airbag 97	
20 Helmet N		21 Sol. 96		22 Alc. Spec. 96		23 Drug Spec. 97	
24 Drug Result 97		25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		WARE DATELYN CHRISTINE		6901 GOLF GREEN DR ARLINGTON TX 76001	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name STATE FARM		Fin. Resp. Num. 348 2852-J28-43F 002	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 6-		RD-7		27 Vehicle Damage Rating 2 3-	
RP-7		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried <input checked="" type="checkbox"/> No			
Towed By PURRFECT TOWING		Towed To PURRFECT TOWING					

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Hidalgo County District Clerk

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Law Enforcement and TxDOT Use ONLY.

Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

Reviewed By: Alessandra Garza

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	111	1		LOCAL HOSP	SELF	/ /
112	1		LOCAL HOSP	SELF	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	Carrier's Corp. Name	Carrier's Primary Addr.								
31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released		<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	
Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sequence of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
									98	3	97	3	2	6	96

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE									

INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	/	0	1	/	2	0	2	1									
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					Investigator Name (Printed)	HARPER, G.	MARTIN, K					ID Num.	3380-3421																	
ORI Num.	TX 22012000												*Agency FORT WORTH POLICE DEPARTMENT												Service/Region/DA				CENTRAL			

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Units 1 4 8  
 Total Present 8/2/2021 5:38 PM  
 Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 113 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																																																							
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit																																																							
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																																																							
ROAD ON WHICH CRASH OCCURRED																																																													
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600																																																							
3 Street Prefix		*Street Name		4 Street Suffix																																																									
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/ Toll Lane		Speed Limit																																																							
Const. Zone <input checked="" type="checkbox"/> No		Workers Present <input checked="" type="checkbox"/> No		Street Desc.																																																									
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																													
At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1																																																							
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																																																							
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker																																																							
Street Desc. HWY		RRX Num.																																																											
Unit Num. 113		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State IN																																																							
LP Num. 2836156		VIN 3AKJHPDV7LSLF0345																																																											
Veh. Year 2020		6 Veh. Color WHI		Veh. Make FREIGHTLINER		Veh. Model UNKNOWN																																																							
7 Body Style TT		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																											
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 43416851		9 DL Class A																																																							
10 CDL End. H		11 DL Rest. P27		DOB (MM/DD/YYYY) 10/29/1963																																																									
Address (Street, City, State, ZIP) 8160 FAWN CIR GRANBURY TX 76049																																																													
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Prsn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>JONES RHONDA CAROL</td> <td>B</td> <td>57</td> <td>I</td> <td>2</td> <td>1</td> <td>1</td> <td>1</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>								Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	JONES RHONDA CAROL	B	57	I	2	1	1	1	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																												
1	1	1	JONES RHONDA CAROL	B	57	I	2	1	1	1	97	N	96		96	97	97																																												
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<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address JB HUNT TRANSPORT INC 615 JB HUNT CORPORATE DR LOWELL AR 72745																																																													
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ACE AMERICAN INS		Fin. Resp. Num. H25307951																																																							
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 11- FL-7		27 Vehicle Damage Rating 2 1- FR-7		Vehicle <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																							
Towed By BEARDS TOWING				Towed To 1150 INTERMODAL PKWY																																																									
Unit Num. 114		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State OK																																																							
LP Num. 5435GN		VIN LJRC54269A1003488																																																											
Veh. Year 2010		6 Veh. Color ONG		Veh. Make CIMC TRAILERS		Veh. Model NOT APPLICABLE																																																							
7 Body Style TL		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																											
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class																																																							
10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)																																																									
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<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address JB HUNT TRANSPORT INC 615 JB HUNT CORP DR LOWELL AR 72745																																																													
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ACE AMERICAN INS		Fin. Resp. Num. H25307951																																																							
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 6- BD-7		27 Vehicle Damage Rating 2 3- FR-4		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																							
Towed By BEARDS TOWING				Towed To 1150 INTERMODAL PKWY																																																									

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Hidalgo County District Clerk

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Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)							
	113	1	JOHN PETER SMITH	MEDSTAR	/ /								
					/ /								
					/ /								
					/ /								
					/ /								
CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.									
DAMAGE	Damaged-Property Other Than Vehicles		Owner's Name	Owner's Address									
CMV	Unit Num.	113	<input checked="" type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper. -1	29 Carrier ID Type 1	Carrier ID Num. 00080806				
	Carrier's Corp. Name	JB HUNT		Carrier's Primary Addr.	1150 INTERMODAL PKWY HASLET TX 76052		30 Veh. Type 8						
	31 Bus Type 0	<input type="checkbox"/> RGWW	<input checked="" type="checkbox"/> GVWR	52000	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.				
	Unit Num. 114	<input type="checkbox"/> RGWW	<input checked="" type="checkbox"/> GVWR	68000	34 Trlr. Type 2	CMV Disabling Damage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type				
	Sequence Of Events	35 Seq. 1 98	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:					
	36 Contributing Factors (Investigator's Opinion)			37 Vehicle Defects (Investigator's Opinion)		Environmental and Roadway Conditions							
FACTORS & CONDITIONS	Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
						98	3	97	3	2	6	96	
NARRATIVE AND DIAGRAM	<p style="text-align: center;">DIAGRAM ON SEPARATE PAGE</p>												
INVESTIGATOR	Time Notified (24HR:MM)	0 6 2 0		How Notified	DISPATCH		Time Arrived (24HR:MM)	0 6 4 0		Report Date (MM/DD/YYYY)	0 3 / 0 1 / 2 0 2 1		
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	HARPER, G. MARTIN, K		ID Num.	3380-3421						
	ORI Num.	TX 2 2 0 1 2 0 0		*Agency	FORT WORTH POLICE DEPARTMENT					Service/Region/DA	CENTRAL		



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Units 1 4 8  
 Total Num. 1 4 8  
 Units 1 4 8

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8/2/2021 5:38 PM

Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

Reviewed By: Alessandra Galvan

Page 115 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 115		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. JBS0374		VIN 1FTMF1CF6GKE19328					
Veh. Year 2016		6 Veh. Color WHI		Veh. Make FORD		Veh. Model F150	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 08662708		9 DL Class CM	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 05/24/1957			
Address (Street, City, State, ZIP) 4905 TRAILS EDGE DR ARLINGTON TX 76017							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Prsn. Type 1		13 Seat Position		14 Injury Severity	
15 Age 63		16 Sex W		17 Eject 1		18 Restr. 1	
19 Airbag 5		20 Helmet 97		21 Sol. N		22 Alc. Spec. 96	
23 Drug Spec. 96		24 Drug Result 97		25 Drug Result 97		26 Drug Category	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		FOX ELECTRIC LTD		1104 COLORADO LN ARLINGTON TX 76015	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired		26 Fin. Resp. Type 1		Fin. Resp. Name TRAVELERS		Fin. Resp. Num. 2N938315	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 6-	
RD-7		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried			
Towed By UNKNOWN		Towed To UNKNOWN					
Unit Num. 116		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. LHK6873		VIN 1FT8W3BT2JEC55408					
Veh. Year 2018		6 Veh. Color WHI		Veh. Make FORD		Veh. Model F350	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 09615867		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 04/07/1979			
Address (Street, City, State, ZIP) 1701 BIRDS EYE RD FORT WORTH TX 76177							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Prsn. Type 1		13 Seat Position		14 Injury Severity	
15 Age 41		16 Sex W		17 Eject 1		18 Restr. 1	
19 Airbag 5		20 Helmet 97		21 Sol. N		22 Alc. Spec. 96	
23 Drug Spec. 96		24 Drug Result 97		25 Drug Result 97		26 Drug Category	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		TERRY CODY LEN		1701 BIRDS EYE RD FORT WORTH TX 76177	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired		26 Fin. Resp. Type 1		Fin. Resp. Name TEXAS FARM BUREAU		Fin. Resp. Num. 21664435	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 6-	
RD-7		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried			
Towed By GUY SIMON TOWING		Towed To GUY SIMON TOWING					

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Hidalgo County District Clerk

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Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	115	1		LOCAL HOSP	SELF	/ /
116	1		LOCAL HOSP	SELF	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 94+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.:	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	31 Bus Type		<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
Unit Num.		<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control		
								98	3	97	3	2	6	96		

NARRATIVE AND DIAGRAM	Time Notified (24HR:MM)		How Notified	Time Arrived (24HR:MM)		Report Date (MM/DD/YYYY)	
		0 6 2 0	DISPATCH	0 6 4 0	0 3 0 1 / 2 0 2 1		

INVESTIGATOR	Invest. Comp.	Investigator Name (Printed)	ID Num.
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HARPER, G. MARTIN, K	3380-3421

ORI Num.	*Agency	Service/Region/DA
TX 2 2 0 1 2 0 0	FORT WORTH POLICE DEPARTMENT	C E N T R L

DIAGRAM ON SEPARATE PAGE

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE ☐ SCHOOL ZONE
Total  
Num. 1 4 8  
Units

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8/2/2021 5:38 PM

Hidalgo County District Clerks

Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Reviewed By: Alessandra Galvan

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Page: 117 of 149

Refer to Attached Code Sheet for Numbered Fields

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																																																							
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit																																																							
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																																																							
ROAD ON WHICH CRASH OCCURRED																																																													
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600																																																							
3 Street Prefix		*Street Name		4 Street Suffix																																																									
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit																																																							
Const. Zone		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Workers Present		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																							
Street Desc.																																																													
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																													
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1																																																							
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																																																							
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker																																																							
Street Desc. HWY		RRX Num.																																																											
Unit Num. 117		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX																																																							
LP Num. DG7B111		VIN J M 1 B L 1 V F 9 C 1 5 0 2 9 2 7																																																											
Veh. Year 2012		6 Veh. Color BLK		Veh. Make MAZDA		Veh. Model MAZDA3																																																							
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																											
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 27374941		9 DL Class C																																																							
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 06/14/1993																																																									
Address (Street, City, State, ZIP) 9528 SILLS WAY FORT WORTH TX 76177																																																													
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Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name ALLSTATE Fin. Resp. Num. 836013631																																																													
27 Vehicle Damage Rating 1 - - 27 Vehicle Damage Rating 2 - - Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Inventoried <input checked="" type="checkbox"/> No																																																													
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Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																												
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<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address FLORES CHIRSTOFER B 6641 WHITLEY RD WATAUGA TX 76148																																																													
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name CONSUMER COUNTY MUTUAL Fin. Resp. Num. 6079703892221																																																													
27 Vehicle Damage Rating 1 - - 27 Vehicle Damage Rating 2 - - Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Inventoried <input checked="" type="checkbox"/> No																																																													
Towed By BIVINS TOWING Towed To BIVINS TOWING																																																													

Electronically Filed

8/2/2021 5:38 PM

Hidalgo County District Clerk

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Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)																	
	117	1	LOCAL HOSP	SELF	/ /																		
					/ /																		
					/ /																		
					/ /																		
					/ /																		
CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.																			
DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address																		
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type														
	Carrier's Corp. Name		Carrier's Primary Addr.																				
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type															
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No															
	Sequence of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:															
FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions														
	Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control											
						98	3	97	3	2	6	96											
NARRATIVE AND DIAGRAM	<p style="text-align: center;">DIAGRAM ON SEPARATE PAGE</p>																						
INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	/	0	1	/	2	0	2	1
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)		HARPER, G.		MARTIN, K		ID Num.	3380-3421														
	ORI Num.	TX 22012000		Agency		FORT WORTH POLICE DEPARTMENT		Service/Region/DA	CENTRAL														

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Units 1 4 8  
 Total Presn 8/2/2021 5:38 PM  
 Hidalgo County District Clerks


## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

Reviewed By: Alessandra Galvan

Page 119 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277			
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 119		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. KFS8884		VIN 1 F M 5 K 7 F 8 6 D G C 2 4 5 1 7					
Veh. Year 2013		6 Veh. Color BRO		Veh. Make FORD		Veh. Model EXPLORER	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 13324712		9 DL Class C	
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 05/07/1970			
Address (Street, City, State, ZIP) 8304 TRICKHAM BEND. FORT WORTH TX 76131							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: MOOS RUSSEL HOWARD	
14 Injury Severity N		Age 50		Ethnicity W		Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address		MOOS RUSSEL HOWARD 8304 TRICKHAM BEND FORT WORTH TX 76131					
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE		Fin. Resp. Num. 930823462	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating-1 6-		RD-5		27 Vehicle Damage Rating 2 12-	
FD-5		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried <input checked="" type="checkbox"/> No			
Towed By CARDINAL TOWING				Towed To CARDINAL TOWING			
Unit Num. 120		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. 99538P7		VIN 5 N M S 5 C A A 1 L H 2 9 1 0 1 7					
Veh. Year 2020		6 Veh. Color WHI		Veh. Make HYUNDAI		Veh. Model SANTA FE	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 02797937		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 02/07/1976			
Address (Street, City, State, ZIP) 14621 SAN MADRID TRAIL HASLET TX 76052							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: KLAPPRODT CATHLEEN GAIL	
14 Injury Severity A		Age 45		Ethnicity W		Sex 2	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address		KLAPPRODT CATHLEEN GAIL 14621 SAN MADRID TRAIL HASLET TX 76052					
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired		26 Fin. Resp. Type 1		Fin. Resp. Name TRAVELERS		Fin. Resp. Num. 6036993542221	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 -		-		27 Vehicle Damage Rating 2 -	
FD-5		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried <input checked="" type="checkbox"/> No			
Towed By CARDINAL TOWING				Towed To CARDINAL TOWING			



TxDOT Crash ID
-------------------

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Reviewed By: Alesandra Sanyal	Time of Death (24HR:MM)																
	120	1	LOCAL HOSP	SELF	/ /																		
					/ /																		
					/ /																		
					/ /																		
					/ /																		
CHARGES	Unit Num.	Prsn. Num.	Charge				Citation/Reference Num.																
DAMAGE	Damaged Property Other Than Vehicles			Owner's Name		Owner's Address																	
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.															
	Carrier's Corp. Name		Carrier's Primary Addr.					30 Veh. Type															
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type															
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No															
FACTORS & CONDITIONS	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles															
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	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control										
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NARRATIVE AND DIAGRAM	<div>DIAGRAM ON SEPARATE PAGE</div>																						
INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	/	0	1	/	2	0	2	1
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) HARPER, G. MARTIN, K										ID Num. 3380-3421											
	ORI Num.	T X 2 2 0 1 2 0 0										*Agency FORT WORTH POLICE DEPARTMENT				Service/Region/DA C E N T R L							

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Units 1 4 8  
 Total Prsn 1 3 8  
 Total Crashes 1 3 8  
 Total Districts 1 3 8

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8/2/2021 5:38 PM

Hidalgo County District Clerks

Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Reviewed By: Alessandra Galvan

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Page 121 of 149

Refer to Attached Code Sheet for Numbered Fields

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																																																							
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit																																																							
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																																																									
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<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> No																																																							
Workers Present <input checked="" type="checkbox"/> No		Street Desc.																																																											
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Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																																																							
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker																																																							
Street Desc. HWY		RRX Num.																																																											
Unit Num. 121		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX																																																							
LP Num. KCY8844		VIN 3GCPCEC0H204690																																																											
Veh. Year 2017		6 Veh. Color WHI		Veh. Make CHEVROLET		Veh. Model SILVERADO C1500																																																							
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																											
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 09738014		9 DL Class C																																																							
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 07/11/1980																																																									
Address (Street, City, State, ZIP) 2748 TRIANGLE LEAF DR KELLER TX 76244																																																													
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Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																												
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Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																													
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		EMR ELEVATOR INC		ARLINGTON TX 76016																																																							
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired		26 Fin. Resp. Type 1		Fin. Resp. Name ALLIED WORLD		Fin. Resp. Num. 60000341																																																							
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 7-																																																							
Towed By BIVINS WRECKER		Towed To BIVINS WRECKER		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried <input checked="" type="checkbox"/> No																																																							
Unit Num. 122		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX																																																							
LP Num. JNP1739		VIN WA1C2AF1X1A005904																																																											
Veh. Year 2017		6 Veh. Color WHI		Veh. Make AUDI		Veh. Model Q5																																																							
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																											
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 26039530		9 DL Class C																																																							
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 05/06/1992																																																									
Address (Street, City, State, ZIP) 12212 SWEET LEAF CT FORT WORTH TX 76244																																																													
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Prsn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>WHITE DANIELLE NICOLE</td> <td>A</td> <td>28</td> <td>W</td> <td>2</td> <td>1</td> <td>1</td> <td>5</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>								Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	WHITE DANIELLE NICOLE	A	28	W	2	1	1	5	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																												
1	1	1	WHITE DANIELLE NICOLE	A	28	W	2	1	1	5	97	N	96		96	97	97																																												
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																													
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		WHITE DANIELLE NICOLE		FORT WORTH TX 76244																																																							
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE		Fin. Resp. Num. 928172437																																																							
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-6		27 Vehicle Damage Rating 2 6-																																																							
Towed By LONESTAR TOWING		Towed To LONESTAR TOWING		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried <input checked="" type="checkbox"/> No																																																							

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Hidalgo County District Clerk

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Law Enforcement and TxDOT Use ONLY.

Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	122	1	HARRIS METH	MEDSTAR 30	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
	Carrier's Corp. Name		Carrier's Primary Addr.						30 Veh. Type
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?

Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:
-----------------------	-----------	-----------	-----------	-----------	---	---	---------------------------	----------------------

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	Contributing		May Have Contrib.	Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
								98	3	97	3	2	6	96

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE													
-----------------------	--------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--

INVESTIGATOR	Time Notified (24HR:MM)	0   6   2   0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0   6   4   0	Report Date (MM/DD/YYYY)	0   3   0   1   2   0   2   1
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)				ID Num.	
	HARPER, G.				MARTIN, K			

ORI Num.	T   X   2   2   0   1   2   0   0	*Agency	FORT WORTH POLICE DEPARTMENT	Service/ Region/DA	C   E   N   T   R   L
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Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Units 1 3 6  
 Total Num. 8/24/2021 5:38 PM  
 Prsnl 1 3 6  
 Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 123 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 0 2 / 1 1 / 2 0 2 1		*Crash Time (24HRMM) 0 6 0 0		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 3 2 7 9 5 1 3		Longitude (decimal degrees) - 0 9 7 3 2 2 7 7	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Workers Present		<input checked="" type="checkbox"/> No		Street Desc.		4 Street Suffix	
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 123		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State IN	
LP Num. 2712385		VIN 3 A K J H H F G 7 J S J 2 0 9 4 3					
Veh. Year 2 0 1 8		6 Veh. Color WHI		Veh. Make FREIGHTLINER		Veh. Model UNKNOWN	
7 Body Style TT		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State FL		DL/ID Num. S534420872190		9 DL Class 98	
10 CDL End. 98		11 DL Rest. 98		DOB (MM/DD/YYYY) 0 6 / 0 9 / 1 9 8 7			
Address (Street, City, State, ZIP) 1271 WOODMAN WAY ORLANDO FL 32818							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: SAINT LOT JEAN MARIE	
14 Injury Severity N		Age 33		15 Ethnicity B		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 97		20 Helmet N	
21 Sol. 96		22 Alc. Spec. 96		23 Drug Spec. 97		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address		RYDER TRUCK RENTAL INC 11690 NW 105TH ST MIAMI FL 33178					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name NATIONAL CONTINENTAL	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12"		FD- 7		27 Vehicle Damage Rating 2 -	
Towed By MILNER TOWING		Towed To MILNER TOWING					
Unit Num. 124		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State IN	
LP Num. P187155		VIN 1 0 W 1 A 5 3 2 8 8 5 0 4 9 8 7 3					
Veh. Year 2 0 0 8		6 Veh. Color WHI		Veh. Make STANDARD TRAILER CO		Veh. Model NOT APPLICABLE	
7 Body Style TL		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class	
10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP)							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num.		12 Psn. Type		13 Seat Position		Name:	
14 Injury Severity		Age		15 Ethnicity		16 Sex	
17 Eject.		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec.		23 Drug Spec.		24 Drug Result	
25 Drug Category		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address		FEDEX GROUND 1000 FEDEX DR PITTSBURGH PA 15108					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name NATIONAL CONTINENTAL	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 6"		RD- 3		27 Vehicle Damage Rating 2 -	
Towed By MILNER TOWING		Towed To MILNER TOWING					

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Hidalgo County District Clerk

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Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

Reviewed By: Alessandra Garza

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	123	2		LOCAL HOSPITAL	SELF	/ /
					/ /	
					/ /	
					/ /	
					/ /	
					/ /	

Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE		Owner's Name		Owner's Address	

Unit Num.	10,001+ LBS.	TRANSPORTING HAZARDOUS MATERIAL	9+ CAPACITY	CMV Disabling Damage?	Yes	No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
123	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1	1	02936569

Carrier's Corp. Name		Carrier's Primary Addr.		City		State		Zip		30 Veh. Type
SIMON EXPRESS		545 METRO PLACE S ST #100		COLUMBUS		OH		43017		9

Unit Num.	31 Bus Type	RGVW	GVWR	8,000	0	0	0	0	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
124	0	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8	0	0	0	0					3

Unit Num.	34 Trlr. Type	CMV Disabling Damage?	Yes	No	Unit Num.	34 Trlr. Type	CMV Disabling Damage?	Yes	No
124	2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	Yes	No	Actual Gross Weight	Total Num. Axles
	98				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
								98	3	97	3	2	6	96	

FACTORS & CONDITIONS														
<p style="text-align: center;">DIAGRAM ON SEPARATE PAGE</p>														

INVESTIGATOR		Time Notified (24HR:MM)	How Notified	Time Arrived (24HR:MM)	Report Date (MM/DD/YYYY)
		0 6 2 0	DISPATCH	0 6 4 0	0 3 / 0 1 / 2 0 2 1

Invest. Comp.	Yes	No	Investigator Name (Printed)	ID Num.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HARPER, G. MARTIN, K	3380-3421

ORI Num.	Service/Region/DA	*Agency
T X 2 2 0 1 2 0 0	C E N T R L	FORT WORTH POLICE DEPARTMENT



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE ☐ SCHOOL ZONE

 Total Num. 1 4 8  
 Total Pres. 1 3 6  
 Total Units 1 4 8  
 Total Pres. 1 3 6  
 Total Units 1 4 8

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Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

Reviewed By: Alessandra Galvan

Page 125 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit	
Const. Zone <input checked="" type="checkbox"/> No		Workers Present <input checked="" type="checkbox"/> No		Street Desc.			
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 125		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. CPY4837		VIN 1 F T W W 3 1 P 7 7 E A 9 3 8 2 8					
Veh. Year 2007		6 Veh. Color WHI		Veh. Make FORD		Veh. Model F350	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 07225463		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 10/02/1973			
Address (Street, City, State, ZIP) 1337 VALLET DR JUSTIN TX 76247							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity K		Age 47		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		GEEP MECHANICAL 3640 8TH AVE		FORT WORTH TX 76110	
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name AMERISURE	
Fin. Resp. Num. CA1281769		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 6-	
RD-7		Vehicle Inventoried <input checked="" type="checkbox"/> No					
Towed By GUY SIMMONS TOWING		Towed To GUY SIMMONS TOWING					
Unit Num. 126		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. NXX0230		VIN 1 H G C R 2 F 8 5 H A 1 8 7 8 9 8					
Veh. Year 2017		6 Veh. Color GRY		Veh. Make HONDA		Veh. Model ACCORD	
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 08324125		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 10/23/1986			
Address (Street, City, State, ZIP) 2308 BLACKRAIL CT NORTHLAKE TX 76226							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity K		Age 34		15 Ethnicity W		16 Sex 2	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		STATE FARM		372 0759 J01 43C 001	
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name	
Fin. Resp. Num. 372 0759 J01 43C 001		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 6-	
RD-7		Vehicle Inventoried <input checked="" type="checkbox"/> No					
Towed By GUY SIMMONS TOWING		Towed To GUY SIMMONS TOWING					

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Hidalgo County District Clerk

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Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED		Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
		125	1	TARRANT COUNTY MORGUE	FORT WORTH FUNERALS AND CREMATIONS	0 2 / 1 1 / 2 0 2 1	0 6   0   3
		126	1	TARRANT COUNTY MORGUE	FORT WORTH FUNERALS AND CREMATIONS	0 2 / 1 1 / 2 0 2 1	0 6   0   3
						/ /	
						/ /	
						/ /	
						/ /	

CHARGES		Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE		Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV		Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
		Carrier's Corp. Name	Carrier's Primary Addr.									
		31 Bus Type	<input type="checkbox"/> RGWW	<input type="checkbox"/> GVWR		HazMat Released	<input type="checkbox"/> Yes	<input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.
		Unit Num.	<input type="checkbox"/> RGWW	<input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW	<input type="checkbox"/> GVWR
		Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Actual Gross Weight		Total Num. Axles:

36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
								98	3	97	3	2	6	96	

FACTORS & CONDITIONS		36 Contributing Factors (Investigator's Opinion)		37 Vehicle Defects (Investigator's Opinion)		Environmental and Roadway Conditions								

INVESTIGATOR		Time Notified (24HR:MM)	0 6   2   0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0 6   4   0	Report Date (MM/DD/YYYY)	0 3 / 0 1 / 2 0 2 1
		Invest. Comp.	<input checked="" type="checkbox"/> Yes	Investigator Name (Printed)	HARPER, G. MARTIN, K	ID Num.	3380-3421		
		ORI Num.	T X   2   2   0   1   2   0   0	*Agency	FORT WORTH POLICE DEPARTMENT	Service/Region/DA	C E N T R L		

DIAGRAM ON SEPARATE PAGE

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. Units 1 4 8  
 Total Num. Prsn. 8/2/2021 5:38 PM  
 Hidalgo County District Clerks

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Hidalgo County District Clerks

Reviewed By: Alessandra Galvan

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 Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)  
 Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 127		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. MCMC4		VIN 5XGXGT4L38JG181514					
Veh. Year 2021		6 Veh. Color BLU		Veh. Make KIA		Veh. Model OPTIMA	
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 27217915		9 DL Class C	
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 01/20/1967			
Address (Street, City, State, ZIP) 14804 CEDAR FLAT WAY ROANOKE TX 76262							
Person Num. 1		12 Prsn. Type 1		13 Seat Position		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity		Age		15 Ethnicity	
16 Sex		17 Eject.		18 Restr.		19 Airbag	
20 Helmet		21 Sol.		22 Alc. Spec.		Alc. Result	
23 Drug Spec.		24 Drug Result		25 Drug Result		26 Drug Category	
1		1		1		LLOYD RAYMOND JOHN	
B		54		W		1	
1		1		1		5	
97		N		96		96	
97		97		97		97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		MIKE CARLSON MTR CO INC		BURLESON TX 76028	
26 Fin. Resp. Type 1		Fin. Resp. Name		SELF INSURED		Fin. Resp. Num. SELF INSURED	
27 Vehicle Damage Rating 1		12-		FD-7		27 Vehicle Damage Rating 2	
6-		RD-7		Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Towed By BIVINS TOWING		Towed To BIVINS TOWING					
Unit Num. 128		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. NCX3077		VIN 1FTEX1C46LKD79052					
Veh. Year 2020		6 Veh. Color WHI		Veh. Make FORD		Veh. Model F150	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 06631778		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 11/27/1960			
Address (Street, City, State, ZIP) 9460 LECHNER RD FORT WORTH TX 76179							
Person Num. 1		12 Prsn. Type 1		13 Seat Position		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity		Age		15 Ethnicity	
16 Sex		17 Eject.		18 Restr.		19 Airbag	
20 Helmet		21 Sol.		22 Alc. Spec.		Alc. Result	
23 Drug Spec.		24 Drug Result		25 Drug Result		26 Drug Category	
1		1		1		NORMAN WILLIAM M	
B		60		W		1	
1		1		1		5	
97		N		96		96	
97		97		97		97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		ENTERPRISE FM TRUST		ST LOUIS MO 63132	
26 Fin. Resp. Type 1		Fin. Resp. Name		UNKNOWN		Fin. Resp. Num. UNKNOWN	
27 Vehicle Damage Rating 1		12-		FD-7		27 Vehicle Damage Rating 2	
6-		RD-7		Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Towed By MILNER TOWING		Towed To MILNER TOWING					

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Hidalgo County District Clerk

Reviewed By: Alessandra Galvan

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	127	1		LOCAL HOSPITAL	SELF	/ /
128	1		LOCAL HOSPITAL	SELF	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	Carrier's Corp. Name	Carrier's Primary Addr.								
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.		32 HazMat Class Num.	HazMat ID Num.		33 Cargo Body Type
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight		Total Num. Axles:

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
									98	3	97	3	2	6	96	

NARRATIVE AND DIAGRAM	36 Contributing Factors (Investigator's Opinion)		37 Vehicle Defects (Investigator's Opinion)		Environmental and Roadway Conditions										
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
									98	3	97	3	2	6	96

DIAGRAM ON SEPARATE PAGE

INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	0	1	2	0	2	1
		Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)				HARPER, G.	MARTIN, K	ID Num.	3380-3421				Service/Region/DA	CENTRAL					
	ORI Num.	TX 2201200				*Agency	FORT WORTH POLICE DEPARTMENT														

☒ FATAL   ☒ CMV   ☐ SCHOOL BUS   ☐ RAILROAD   ☐ MAB   ☐ SUPPLEMENT   ☐ ACTIVE SCHOOL ZONE

Total Num. Units	1	4	8	Total Num. Prsn	1	3	5	8
------------------	---	---	---	-----------------	---	---	---	---

Reviewed By: Alessandra Galvan

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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★=These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

[illegible]



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Hidalgo County District Clerk

Reviewed By: Alessandra Galvan

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	130	1		JOHN PETER SMITH	MEDSTAR63	/ /
130	2		JOHN PETER SMITH	MEDSTAR63	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	31 Bus Type		<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.
Unit Num.		<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight			Total Num. Axles:

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
									98	3	97	3	2	6	96	

NARRATIVE AND DIAGRAM	Time Notified (24HR:MM)		How Notified	Time Arrived (24HR:MM)		Report Date (MM/DD/YYYY)											
		0	6	2	0	DISPATCH	0	6	4	0	0	3	0	1	2	0	2

INVESTIGATOR	Invest. Comp.	Investigator Name (Printed)	ID Num.	Service/ Region/DA
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HARPER, G.	MARTIN, K	3380-3421

ORI Num.	Agency
T X 2 2 0 1 2 0 0	FORT WORTH POLICE DEPARTMENT

DIAGRAM ON SEPARATE PAGE

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num.	1	4	8	Total Num.	8/2/2021 5:38 PM
Units				Prns	Hidalgo County District Clerks

Reviewed By: Alessandra Galvan

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Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

★=These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021										*Crash Time (24HRMM) 0600										Case ID 210011068										Local Use																																																																																																																																																																									
*County Name TARRANT																				*City Name FORT WORTH																				<input type="checkbox"/> Outside City Limit																																																																																																																																																															
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																				Latitude (decimal degrees) 32.79513																				Longitude (decimal degrees) -097.32277																																																																																																																																																															
ROAD ON WHICH CRASH OCCURRED																																																																																																																																																																																																							
*1 Rdwy. Sys. TL										*Hwy. Num. 35										2 Rdwy. Part 1										Block. Num. 2600										3 Street Prefix										*Street Name										4 Street Suffix																																																																																																																																											
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot										<input checked="" type="checkbox"/> Toll Road/Toll Lane										Speed Limit										Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										Street Desc.																																																																																																																																																					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																																																																																																																																																																							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										1 Rdwy. Sys. LR										Hwy. Num.										2 Rdwy. Part 1										Block. Num. 2500										3 Street Prefix NE										Street Name 28TH										4 Street Suffix ST																																																																																																																																	
Distance from Int. or Ref. Marker 1000										<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI										3 Dir. from Int. or Ref. Marker S										Reference Marker										Street Desc. HWY										RRX Num.																																																																																																																																																					
Unit Num. 131										5 Unit Desc. 1										<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run										LP State TX										LP Num. BK2L525										VIN 1HGE5165X3L010533																																																																																																																																																					
Veh. Year 2003										6 Veh. Color SIL										Veh. Make HONDA										Veh. Model CIVIC										7 Body Style P4										<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																																																																																																																					
8 DL/ID Type 99										DL/ID State UN										DL/ID Num.										9 DL Class 99										10 CDL End. 99										11 DL Rest. 99										DOB (MM/DD/YYYY) / /																																																																																																																																											
Address (Street, City, State, ZIP) UNKNOWN UNKNOWN UN UNK																																																																																																																																																																																																							
Person Num.										12 Prsn. Type										13 Seat Position										Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line										14 Injury Severity										Age										15 Ethnicity										16 Sex										17 Eject.										18 Restr.										19 Airbag										20 Helmet										21 Sol.										22 Alc. Spec.										Alc. Result										23 Drug Spec.										24 Drug Result										25 Drug Category																													
1										99										1										UNKNOWN										UNKNOWN										UNK										99																				99										99										1										99										5										97										N										96																				96										97										97									
																																								Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																																																																																																																															
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee										Owner/Lessee Name & Address										UNKNOWN										UNKNOWN										UNK										UNKNOWN										UN										UNK																																																																																																																																	
Proof of Fin. Resp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										<input type="checkbox"/> Expired <input type="checkbox"/> Exempt										26 Fin. Resp. Type										Fin. Resp. Name										Fin. Resp. Num.																																																																																																																																																															
Fin. Resp. Phone Num.										27 Vehicle Damage Rating 1										12-										FD-7										27 Vehicle Damage Rating 2										6-										RD-7										Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																																																																																	
Towed By										PURRFECT TOWING										Towed To										PURRFECT TOWING																																																																																																																																																																									
Unit Num. 132										5 Unit Desc. 1										<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run										LP State TX										LP Num. MWB6163										VIN 4S4BTAN C8L3127148																																																																																																																																																					
Veh. Year 2020										6 Veh. Color GRAY										Veh. Make SUBARU										Veh. Model OUTBACK										7 Body Style P4										<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																																																																																																																					
8 DL/ID Type 1										DL/ID State TX										DL/ID Num. 06580483										9 DL Class C										10 CDL End. 96										11 DL Rest. 96										DOB (MM/DD/YYYY) 09/02/1954																																																																																																																																											
Address (Street, City, State, ZIP) 12741LIZZIE PL FORT WORTH TX 76244																																																																																																																																																																																																							
Person Num.										12 Prsn. Type										13 Seat Position										Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line										14 Injury Severity										Age										15 Ethnicity										16 Sex										17 Eject.										18 Restr.										19 Airbag										20 Helmet										21 Sol.										22 Alc. Spec.										Alc. Result										23 Drug Spec.										24 Drug Result										25 Drug Category																													
1										1										1										SPRATLIN										SHEREE										WARNER										A										66										W										2										1										1-										5										97										N										96																				96										97										97									
																																								Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																																																																																																																															
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee										Owner/Lessee Name & Address										SPRATLIN										SHEREE										WARNER										FORT WORTH TX 76244																																																																																																																																																					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No										<input type="checkbox"/> Expired <input type="checkbox"/> Exempt										26 Fin. Resp. Type 1										Fin. Resp. Name FARMERS INS										Fin. Resp. Num. 44729837																																																																																																																																																															
Fin. Resp. Phone Num.										27 Vehicle Damage Rating 1										12-										FD-7										27 Vehicle Damage Rating 2										7-										BL-7										Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																																																																																	
Towed By										TEXAS TOWING										Towed To										TEXAS TOWING																																																																																																																																																																									

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Hidalgo County District Clerk

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Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	132	1	MEDICAL CITY FORT WORTH	MEDSTAR56	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
	Carrier's Corp. Name		Carrier's Primary Addr.				30 Veh. Type	
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing		May Have Contrib.	Unit #	Contributing		May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
									98	3	97	3	2	6	96	

NARRATIVE AND DIAGRAM	<p style="text-align: center;">DIAGRAM ON SEPARATE PAGE</p>															

INVESTIGATOR	Time Notified (24HR:MM)	0   6   2   0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0   6   4   0	Report Date (MM/DD/YYYY)	0   3   0   1   2   0   2   1
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	HARPER, G. MARTIN, K	ID Num.	3380-3421		
	ORI Num.	TX   2   2   0   1   2   0   0			*Agency	FORT WORTH POLICE DEPARTMENT		

Service/Region/DA	C   E   N   T   R   L
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Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Total Prsn. 1 3 6  
 Units 1 4 8  
 Prsn. 1 3 6

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Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

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\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 133		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. CVY6348		VIN 1FTRX18L6XKB39426					
Veh. Year 1999		6 Veh. Color BLK		Veh. Make FORD		Veh. Model F150	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99	
10 CDL End. 99		11 DL Rest. 99		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP) UNKNOWN UNKNOWN UN UNK							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Prsn. Type 1		13 Seat Position		14 Injury Severity	
99		1		UNKNOWN		99	
15 Age		16 Ethnicity		17 Sex		18 Eject	
99		99		1		1	
19 Restr.		20 Airbag		21 Sol.		22 Alc. Spec.	
2		97		N		96	
23 Alc. Result		24 Drug Spec.		25 Drug Result		26 Drug Category	
96		96		97		97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		UNKNOWN UNKNOWN UNK		UNKNOWN UN UNK	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name FOREMOST COUNTY MUTUAL		Fin. Resp. Num. 43G00979206802	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 -	
Towed By PURRFECT TOWING		Towed To PURRFECT TOWING					
Unit Num. 134		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. FCH2874		VIN J M 3 E R 2 B 5 1 B 0 3 6 6 5 1 3					
Veh. Year 2011		6 Veh. Color BLK		Veh. Make MAZDA		Veh. Model CX-7	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 34180404		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 10/29/1983			
Address (Street, City, State, ZIP) 1700 SUNFLOWER DR CORINTH TX 76210							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Prsn. Type 1		13 Seat Position		14 Injury Severity	
1		1		THOMAS BRIAN MICHAEL		B	
15 Age		16 Ethnicity		17 Sex		18 Eject	
37		W		1		1	
19 Restr.		20 Airbag		21 Sol.		22 Alc. Spec.	
5		97		N		96	
23 Alc. Result		24 Drug Spec.		25 Drug Result		26 Drug Category	
96		96		97		97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		THOMAS BRIAN MICHAEL		CORINTH TX 76210	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ALLSTATE		Fin. Resp. Num. 836135388	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 6-	
Towed By TEXAS TOWING		Towed To TEXAS TOWING					

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Hidalgo County District Clerk

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Law Enforcement and TxDOT Use ONLY.

Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	134	1	LOCAL HOSPITAL	SELF	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
	Carrier's Corp. Name		Carrier's Primary Addr.				30 Veh. Type	
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No

Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:
--------------------	-----------	-----------	-----------	-----------	---	---------------------	-------------------

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control		
								98	3	97	3	2	6	96		

INVESTIGATOR	NARRATIVE AND DIAGRAM													
	<p style="text-align: center;">DIAGRAM ON SEPARATE PAGE</p>													

Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	/	0	1	/	2	0	2	1
Invest. Comp.	<input checked="" type="checkbox"/> Yes	Investigator Name (Printed) HARPER, G. MARTIN, K																				
ORI Num.	TX 22012000														*Agency	FORT WORTH POLICE DEPARTMENT						
ID Num.	3380-3421														Service/Region/DA	CENTRAL						



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE
Total  
Num. 1 4 8  
Units

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Hidalgo County District Clerks

Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Reviewed By: Alessandra Galvan

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

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\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdw. Sys. TL		*Hwy. Num. 35		2 Rdw. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdw. Sys. LR		Hwy. Num.		2 Rdw. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 135		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. MWY2440		VIN 1FTEW1E54KKD69661					
Veh. Year 2019		6 Veh. Color GRY		Veh. Make FORD		Veh. Model F150	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 00985031		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 01/23/1982			
Address (Street, City, State, ZIP) 1804 YOSEMITE LN. KELLER TX 76248							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity B		Age 39		15 Ethnicity W	
16 Sex 1		17 Eject. 1		18 Restr. 5		19 Airbag 97	
20 Helmet N		21 Sol. 96		22 Alc. Spec. 96		23 Drug Spec. 97	
24 Drug Result 97		25 Drug Category 97		Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		TROTTER DAVID DENSON		KELLER TX 76248	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ALLSTATE		Fin. Resp. Num. 886817956	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 -	
Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried <input checked="" type="checkbox"/> No					
Towed By TEXAS TOWING		Towed To TEXAS TOWING					
Unit Num. 136		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. KBM0726		VIN WA1C2AF1GA113018					
Veh. Year 2016		6 Veh. Color BLK		Veh. Make AUDI		Veh. Model Q5	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 09861486		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 05/07/1971			
Address (Street, City, State, ZIP) 4805 CARGILL CIR KELLER TX 76244							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity A		Age 49		15 Ethnicity H	
16 Sex 2		17 Eject. 1		18 Restr. 5		19 Airbag 97	
20 Helmet N		21 Sol. 96		22 Alc. Spec. 96		23 Drug Spec. 97	
24 Drug Result 97		25 Drug Category 97		Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		HERRERA EDUARDO		FORT WORTH TX 76244	
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE		Fin. Resp. Num. 53458265	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 6-	
RD-7		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried <input checked="" type="checkbox"/> No			
Towed By PURRFECT TOWING		Towed To PURRFECT TOWING					

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Hidalgo County District Clerk

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Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

Reviewed By: Alessandra Garvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	135	1		LOCAL HOSPITAL	SELF	/ /
136	1		HARRIS METHODIST DOWNTOWN	MEDSTAR30	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	Carrier's Corp. Name	Carrier's Primary Addr.								
31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released		<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	
Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control		
								98	3	97	3	2	6	96		

NARRATIVE AND DIAGRAM	Time Notified (24HR:MM)		How Notified	Time Arrived (24HR:MM)		Report Date (MM/DD/YYYY)	
		0 6 2 0	DISPATCH	0 6 4 0	0 3 / 0 1 / 2 0 2 1		

INVESTIGATOR	Invest. Comp.	Investigator Name (Printed)	ID Num.
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HARPER, G.	MARTIN, K

ORI Num.	Agency	Service/Region/DA
T X 2 2 0 1 2 0 0	FORT WORTH POLICE DEPARTMENT	C E N T R L

DIAGRAM ON SEPARATE PAGE

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE ☐ SCHOOL ZONE

 Total Num. 1 4 8  
 Total Prsn. 1 3 8  
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 Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 137 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277			
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. -TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private-Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker. 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 137		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State FL	
LP Num. R1CII		VIN 3D7KU28CX4G283330					
Veh. Year 2004		6 Veh. Color RED		Veh. Make DODGE		Veh. Model RAM 2500-	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 46254136		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 06/29/1990			
Address (Street, City, State, ZIP) 4304 TRANQUILITY DR FORT WORTH TX 76244							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: PATEL MARK LEON	
14 Injury Severity B		Age 30		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 2		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address		PATEL MARK LEON 4304 TRANQUILITY DR FORT WORTH TX 76244					
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name UNKNOWN		Fin. Resp. Num. UNKNOWN	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12"		FD-7		27 Vehicle Damage Rating 2 3"	
RP-6		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried <input checked="" type="checkbox"/> No			
Towed By GUY SIMMONS				Towed To GUY SIMMONS			
Unit Num. 138		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. HYF3713		VIN 1FTFW1CV9AFC62152					
Veh. Year 2010		6 Veh. Color MAR		Veh. Make FORD		Veh. Model F150	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99	
10 CDL End. 99		11 DL Rest. 99		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP) UNKNOWN UNKNOWN UN UNK							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Prsn. Type 99		13 Seat Position 1		Name: UNKNOWN UNKNOWN UNK	
14 Injury Severity 99		Age 99		15 Ethnicity 99		16 Sex 99	
17 Eject. 1		18 Restr. 1		19 Airbag 2		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee							
Owner/Lessee Name & Address		LEE THOMAS JR 136 NAVAJO DR KELLER TX 76248					
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name GEICO		Fin. Resp. Num. 4451596441	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12"		FD-7		27 Vehicle Damage Rating 2 -	
RP-		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried <input checked="" type="checkbox"/> No			
Towed By LONE STAR TOWING				Towed To LONE STAR			

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Hidalgo County District Clerk

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Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)												
	137	1	LOCAL HOSPITAL	SELF	/ /													
					/ /													
					/ /													
					/ /													
					/ /													
CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.														
DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address													
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type									
	Carrier's Corp. Name		Carrier's Primary Addr.															
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type										
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No										
	Sequence of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles										
FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions									
	Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control						
						98	3	97	3	2	6	96						
NARRATIVE AND DIAGRAM	<p style="text-align: center;">DIAGRAM ON SEPARATE PAGE</p>																	
INVESTIGATOR	Time Notified (24HR:MM)		0 6 2 0		How Notified		DISPATCH		Time Arrived (24HR:MM)		0 6 4 0		Report Date (MM/DD/YYYY)		0 3 / 0 1 / 2 0 2 1			
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)				HARPER, G. MARTIN, K				ID Num.				3380-3421			
	DRI Num.	TX 2 2 0 1 2 0 0				Agency				FORT WORTH POLICE DEPARTMENT				Service/Region/DA				CENTRAL

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE ☐ SCHOOL ZONE

 Total Num. 1 4 8  
 Units 1 4 8  
 Total Num. 3 8  
 Prsn. 3 8  
 8/2/2021 5:38 PM  
 Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

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\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID: 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277			
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 139		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. JXM2353		VIN 2G1WG5E37D1189481					
Veh. Year 2013		6 Veh. Color GRY		Veh. Make CHEVROLET		Veh. Model IMPALA	
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 23253328		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 05/13/1988			
Address (Street, City, State, ZIP) 5013 SHACKLEFORD FORT WORTH TX 76119							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: Last, First, Middle ARMSTRONG ALEXANDER JACQUETTE	
14 Injury Severity B		Age 32		15 Ethnicity B		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address ARMSTRONG ALEXANDER JACQUETTE 5013 SHACKLEFORD FORT WORTH TX 76119					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		26 Fin. Resp. Type		Fin. Resp. Name		Fin. Resp. Num.	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 6-		RD-7		27 Vehicle Damage Rating 2 12-	
FD-5		Vehicle Inventoried <input checked="" type="checkbox"/> No					
Towed By PURRFECT TOWING		Towed To PURRFECT TOWING					
Unit Num. 140		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. LHD1926		VIN 1GYSA4NKJ8FR740992					
Veh. Year 2021		6 Veh. Color SIL		Veh. Make CADILLAC		Veh. Model ESCALADE	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 34089531		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 09/02/1970			
Address (Street, City, State, ZIP) 821 BIG SKY WAY ARGYLE TX 76226							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: Last, First, Middle DANIEL LESLIE S	
14 Injury Severity B		Age 50		15 Ethnicity W		16 Sex 2	
17 Eject. 1		18 Restr. 1		19 Airbag 2		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address DANIEL LESLIE S 821 BIG SKY WAY ARGYLE TX 76226					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		26 Fin. Resp. Type 1		Fin. Resp. Name FARMERS		Fin. Resp. Num. 44226567	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-4		27 Vehicle Damage Rating 2 -	
Vehicle Inventoried <input checked="" type="checkbox"/> No							
Towed By TEXAS TOWING		Towed To TEXAS TOWING					



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8/2/2021 5:38 PM

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Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash IDHidalgo County District Clerk  
Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	139	1		LOCAL HOSPITAL	SELF	/ /
140	1		LOCAL HOSPITAL	SELF	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property-Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type	
	31 Bus Type		<input type="checkbox"/> RGWV	<input type="checkbox"/> GVWR		HazMat Released	<input type="checkbox"/> Yes	<input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.
Unit Num.		<input type="checkbox"/> RGWV	<input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV	<input type="checkbox"/> GVWR	34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Actual Gross Weight		Total Num. Axles:		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)			37 Vehicle Defects (Investigator's Opinion)			Environmental and Roadway Conditions						
	Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
							98	3	97	3	2	6	96

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE											

INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	0	1	2	0	2	1
	Invest. Comp.	<input checked="" type="checkbox"/> Yes					Investigator Name (Printed)	HARPER, G.						ID Num.	3380-3421						
ORI Num.	T	X	2	2	0	1	2	0	0	*Agency	FORT WORTH POLICE DEPARTMENT		Service/Region/DA	C	E	N	T	R	L		

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Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE
Total  
Num. 1 4 8  
UnitsTotal  
Num. 1 3 6  
Prsn.

Hidalgo County District Clerks

Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Reviewed By: Alessandra Galvan

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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Refer to Attached Code Sheet for Numbered Fields

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																																																							
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit																																																							
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																																																							
ROAD ON WHICH CRASH OCCURRED																																																													
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600																																																							
3 Street Prefix		*Street Name		4 Street Suffix																																																									
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																							
Workers Present <input checked="" type="checkbox"/> No		Street Desc.																																																											
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																													
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1																																																							
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																																																							
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker																																																							
Street Desc. HWY		RRX Num.																																																											
Unit Num. 141		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX																																																							
LP Num. DJZ7317		VIN S A L A E 2 5 4 X 6 A 3 7 0 9 7 7																																																											
Veh. Year 2006		6 Veh. Color BLU		Veh. Make LAND ROVER		Veh. Model LR3																																																							
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																											
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 06457878		9 DL Class C																																																							
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 11/12/1954																																																									
Address (Street, City, State, ZIP) 7733 MARBLE CANYON DR FORT WORTH TX 76137																																																													
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Prsn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>THOMASON LINDA G</td> <td>B</td> <td>66</td> <td>W</td> <td>2</td> <td>1</td> <td>1</td> <td>1</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>								Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	THOMASON LINDA G	B	66	W	2	1	1	1	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																												
1	1	1	THOMASON LINDA G	B	66	W	2	1	1	1	97	N	96		96	97	97																																												
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																													
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address THOMASON JOHN 7733 MARBLE CANYON DR FORT WORTH TX 76137																																																													
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> Exempt Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name FARMERS Fin. Resp. Num. 45566488																																																													
27 Vehicle Damage Rating 1 12- FD-3 27 Vehicle Damage Rating 2 - - Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Inventoried <input checked="" type="checkbox"/> No																																																													
Towed By BIVINS TOWING Towed To BIVINS TOWING																																																													
Unit Num. 142		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX																																																							
LP Num. MDD5120		VIN 5 X Y P G D A 5 9 J G 3 5 2 4 5 3																																																											
Veh. Year 2014		6 Veh. Color WHI		Veh. Make FORD		Veh. Model F150																																																							
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																											
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 04890219		9 DL Class CM																																																							
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 04/21/1988																																																									
Address (Street, City, State, ZIP) 4059 TULIP TREE DR FORT WORTH TX 76137																																																													
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Prsn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>BIRD IAN P</td> <td>B</td> <td>32</td> <td>W</td> <td>1</td> <td>1</td> <td>1</td> <td>2</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>								Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	BIRD IAN P	B	32	W	1	1	1	2	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																												
1	1	1	BIRD IAN P	B	32	W	1	1	1	2	97	N	96		96	97	97																																												
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																													
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address BIRD IAN P 4059 TULIP TREE DR FORT WORTH TX 76137																																																													
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> Exempt Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name USAA Fin. Resp. Num. 027225590 7101																																																													
27 Vehicle Damage Rating 1 12- FD-6 27 Vehicle Damage Rating 2 - - Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Inventoried <input checked="" type="checkbox"/> No																																																													
Towed By BIVINS TOWING Towed To BIVINS TOWING																																																													

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Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)Case  
ID 210011068TxDOT  
Crash IDHidalgo County District Clerk  
Reviewed By: Alessandra Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	141	1		LOCAL HOSPITAL	SELF	/ /
142	1		LOCAL HOSPITAL	SELF	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type	
	31 Bus Type		<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat- ID Num.		32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
Unit Num.		<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.		<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight		Total Num. Axles:		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
									98	3	97	3	2	6	96	

NARRATIVE AND DIAGRAM	Time Notified (24HR:MM)		How Notified	Time Arrived (24HRMM)		Report Date (MM/DD/YYYY)											
		0	6	2	0	DISPATCH	0	6	4	0	0	3	0	1	2	0	2

INVESTIGATOR	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	ID Num.
				HARPER, G. MARTIN, K

ORI Num.	*Agency	Service/ Region/DA
T X 2 2 0 1 2 0 0	FORT WORTH POLICE DEPARTMENT	C E N T R L

DIAGRAM ON SEPARATE PAGE

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE
Total  
Num. 1 4 8  
Units

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Hidalgo County District Clerks

Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Reviewed By: Alessandra Galvan

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Page: 143 of 149

Refer to Attached Code Sheet for Numbered Fields

★=These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

★Crash Date (MM/DD/YYYY) 02/11/2021		★Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																																																							
★County Name TARRANT				★City Name FORT WORTH		<input type="checkbox"/> Outside City Limit																																																							
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																																																							
ROAD ON WHICH CRASH OCCURRED																																																													
★1 Rdwy. Sys. TL		★Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600																																																							
3 Street Prefix		★Street Name		4 Street Suffix																																																									
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																							
Workers <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Present <input checked="" type="checkbox"/> No		Street Desc.																																																									
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																													
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1																																																							
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																																																							
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker																																																							
Street Desc. HWY		RRX Num.																																																											
Unit Num. 143		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX																																																							
LP Num. NVD5172		VIN 1C6SRFJT4LN395289																																																											
Veh. Year 2020		6 Veh. Color WHI		Veh. Make DODGE		Veh. Model RAM 1500																																																							
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																											
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 3644117		9 DL Class C																																																							
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 04/24/1986																																																									
Address (Street, City, State, ZIP) 506 RANCHWOOD DR JUSTIN TX 76247																																																													
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Prsn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>OSBORNE WESLEY ADAM</td> <td>N</td> <td>34</td> <td>W</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>								Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	OSBORNE WESLEY ADAM	N	34	W	1	1	1	1	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																												
1	1	1	OSBORNE WESLEY ADAM	N	34	W	1	1	1	1	97	N	96		96	97	97																																												
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																													
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address SABER POWER SERVICES 9841 SABER POWER LN ROSHARON TX 77583																																																													
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name GREAT NORTHERN Fin. Resp. Num. 73617769																																																													
27 Vehicle Damage Rating 1 6- RD-2 27 Vehicle Damage Rating 2 - - Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Inventoried																																																													
Towed By CARDINAL TOWING Towed To CARDINAL TOWING																																																													
Unit Num. 144		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX																																																							
LP Num. MKM2960		VIN 1N4BL4BV5LC153790																																																											
Veh. Year 2020		6 Veh. Color SIL		Veh. Make NISSAN		Veh. Model ALTIMA																																																							
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																											
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 15669974		9 DL Class C																																																							
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 12/03/1968																																																									
Address (Street, City, State, ZIP) 409 CLAIREMONT AVE FORT WORTH TX 76103																																																													
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Prsn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>GOULD LORENZO</td> <td>B</td> <td>52</td> <td>B</td> <td>1</td> <td>1</td> <td>1</td> <td>5</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>								Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	GOULD LORENZO	B	52	B	1	1	1	5	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																												
1	1	1	GOULD LORENZO	B	52	B	1	1	1	5	97	N	96		96	97	97																																												
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																													
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address EAN HOLDINGS LLC 14002 EAST 21ST ST #1500 TULSA OK 74134																																																													
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name TEXAS FARM BUREAU Fin. Resp. Num. 23229982																																																													
27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 3- R&T-7 Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Inventoried																																																													
Towed By MILNER TOWING Towed To MILNER TOWING																																																													

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Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)Case  
ID 210011068TxDOT  
Crash IDReviewed By: Alessandra Galvan  
Hidalgo County District Clerk

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	144	1		LOCAL HOSPITAL	SELF	/ /
					/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type		
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR				HazMat. Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.		33 Cargo Body Type	
Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR				34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight			Total Num. Axles:		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
									98	3	97	3	2	6	96	

INVESTIGATOR	Time Notified (24HR:MM)		How Notified	Time Arrived (24HR:MM)		Report Date (MM/DD/YYYY)											
		0	6	2	0	DISPATCH	0	6	4	0	0	3	0	1	2	0	2

INVESTIGATOR	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	ID Num.
				HARPER, G. MARTIN, K

INVESTIGATOR	ORI Num.	Agency	Service/ Region/DA
		T X 2 2 0 1 2 0 0	FORT WORTH POLICE DEPARTMENT

DIAGRAM ON SEPARATE PAGE



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Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE ☐ SCHOOL ZONE
Total  
Num. 1 4 8  
UnitsTotal  
Num. 8/2/2021 5:38 PM  
Prsn. Hidalgo County District Clerks

Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Reviewed By: Alessandra Galvan

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

Page 145 of 149

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 145		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. FLY1363		VIN 2GKFLRE39F6220122					
Veh. Year 2015		6 Veh. Color BLK		Veh. Make GMC		Veh. Model TERRAIN	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 33739641		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 02/13/1995			
Address (Street, City, State, ZIP) 1012 KEYSTONE CT DENTON TX 76207							
Person Num.		12 Psn. Type		13 Seat Position		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line							
14 Injury Severity		Age		15 Ethnicity		16 Sex	
17 Eject.		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.	
24 Drug Result		25 Drug Category					
1		1		1		ROBINSON JESSE	
B		25		W		1	
1		1		1		2	
97		N		96		96 97 97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		WISE SHELBY		BEDFORD TX 76021	
26 Fin. Resp. Type 1		Fin. Resp. Name USAA		Fin. Resp. Num. 020332195 7101			
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 -	
Vehicle Inventoried <input checked="" type="checkbox"/> No							
Towed By ALLIANCE TOWING KELLER		Towed To ALLIANCE TOWING KELLER					
Unit Num. 146		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. CFP1992		VIN 3FADP4BJ4EM110683					
Veh. Year 2014		6 Veh. Color GRY		Veh. Make FORD		Veh. Model FIESTA	
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 29219284		9 DL Class A	
10 CDL End. 96		11 DL Rest. P17		DOB (MM/DD/YYYY) 03/14/1989			
Address (Street, City, State, ZIP) 14637 SUNDG WAY HASLET TX 76052							
Person Num.		12 Psn. Type		13 Seat Position		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line							
14 Injury Severity		Age		15 Ethnicity		16 Sex	
17 Eject.		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.	
24 Drug Result		25 Drug Category					
1		1		1		GARCIA RAMIREZ JULIO	
B		31		H		1	
1		1		1		1	
97		N		96		96 97 97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		OJEDA JANNET		HALTOM CITY TX 76117	
26 Fin. Resp. Type 1		Fin. Resp. Name STATE FARM		Fin. Resp. Num. 216 1313-L07-43H 002			
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-3		27 Vehicle Damage Rating 2 -	
Vehicle Inventoried <input checked="" type="checkbox"/> No							
Towed By LONESTAR TOWING		Towed To LONESTAR TOWING					

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Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)Case  
ID 210011068TxDOT  
Crash IDHidalgo County District Clerk  
Reviewed By: Alessandro Galvan

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	145	1	JOHN PETER SMITH	SELF	/ /	
	146	1	LOCAL HOSPITAL	SELF	/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type				
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.		HazMat ID Num.		32 HazMat Class Num.	HazMat ID Num.		33 Cargo Body Type	
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		34 Trlr. Type		CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.		<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Sequence Of Events	35 Seq. 1		35 Seq. 2		35 Seq. 3		35 Seq. 4		Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight		Total Num. Axles
	36 Contributing Factors (Investigator's Opinion)													
	37 Vehicle Defects (Investigator's Opinion)													

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
										98	3	97	3	2	6

NARRATIVE AND DIAGRAM															
	DIAGRAM ON SEPARATE PAGE														

INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	0	1	2	0	2	1
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					Investigator Name (Printed)	HARPER, G.	MARTIN, K					ID Num.	3380-3421						
	ORI Num.	TX 22012000				*Agency	FORT WORTH POLICE DEPARTMENT										Service/ Region/DA	CENTRAL			

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

 Total Num. 1 4 8  
 Units 1 3 8  
 Total Num. 1 3 8  
 Units 1 3 8

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Hidalgo County District Clerks

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Reviewed By: Alessandra Galvan

Page 147 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277			
ROAD ON WHICH CRASH OCCURRED							
*1 Rdw. Sys. TL		*Hwy. Num. 35		2 Rdw. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/ Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdw. Sys. LR		Hwy. Num.		2 Rdw. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY-		RRX Num.					
Unit Num. 147		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. MMX2133		VIN 3 G N K B G R S 4 K S 6 6 6 9 3 0					
Veh. Year 2019		6 Veh. Color WHI		Veh. Make CHEVROLET		Veh. Model BLAZER	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 13849792		9 DL Class A	
10 CDL End. 96		11 DL Rest K		DOB (MM/DD/YYYY) 03/19/1971			
Address (Street, City, State, ZIP) 829 AMBERWOOD CT HASLET TX 76052							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity B		Age 49		W 1	
15 Ethnicity W		16 Sex 1		17 Eject 1		18 Restr. 1	
19 Airbag 97		20 Helmet N		21 Sol. 96		22 Alc. Spec. 96	
23 Drug Spec. 96		24 Drug Result 97		25 Drug Result 97		25 Drug Category	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		JR'S CRANE AND EXCAVATION		GREENEVILLE TX 75402	
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name SELF	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12"		FD-7		27 Vehicle Damage Rating 2 -	
Towed By TEXAS TOWING		Towed To TEXAS TOWING					
Unit Num. 148		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. GGB0398		VIN 1 F M 5 K 7 B 8 9 G G B 3 6 5 4 1					
Veh. Year 2016		6 Veh. Color SIL		Veh. Make FORD		Veh. Model EXPLORER	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 06180063		9 DL Class C	
10 CDL End. 96		11 DL Rest 96		DOB (MM/DD/YYYY) 04/17/1958			
Address (Street, City, State, ZIP) 8021 ARLIE LN NORTH RICHLAND HILLS TX 76182							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity N		Age 62		W 1	
15 Ethnicity W		16 Sex 1		17 Eject 1		18 Restr. 2	
19 Airbag 97		20 Helmet N		21 Sol. 96		22 Alc. Spec. 96	
23 Drug Spec. 96		24 Drug Result 97		25 Drug Result 97		25 Drug Category	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		TARRANT COUNTY		FORT WORTH TX 76196	
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name SELF	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 6-		RD-7		27 Vehicle Damage Rating 2 12-	
Towed By TEXAS TOWING		Towed To TEXAS TOWING					

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Hidalgo County District Clerk

Reviewed By: Alessandra Galvan

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	147	1	JOHN PETER SMITH	MEDSTAR27	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	Carrier's Corp. Name		Carrier's Primary Addr.							
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:
--------------------	-----------	-----------	-----------	-----------	--------------------------------------	---	---------------------	-------------------

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control		
								98	3	97	3	2	6	96		

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE													
-----------------------	--------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--

INVESTIGATOR	Time Notified (24HR:MM)	0   6   2   0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0   6   4   0	Report Date (MM/DD/YYYY)	0   3   0   1   2   0   2   1	
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	HARPER, G. MARTIN, K	ID Num.	3380-3421			
	ORI Num.	T   X   2   2   0   1   2   0   0	*Agency	FORT WORTH POLICE DEPARTMENT				Service/Region/DA	C   E   N   T   R   L

Law Enforcement and TxDOT Use ONLY.  
DIAGRAM

Case ID 210011068

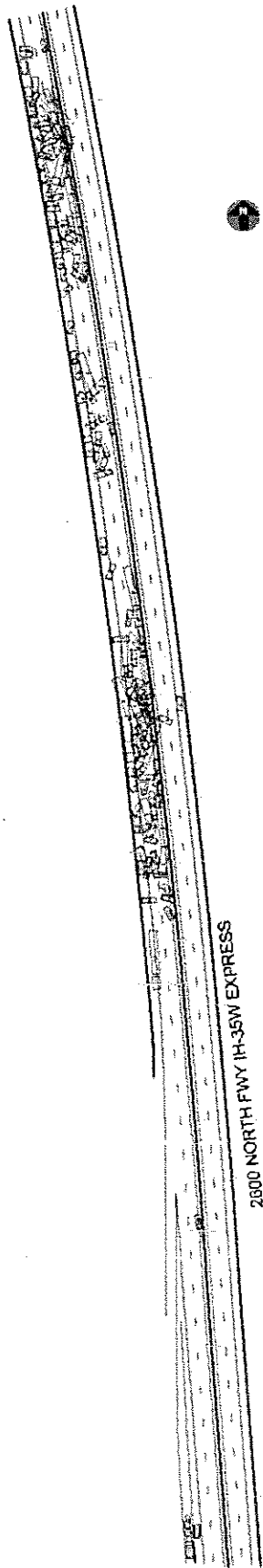
TxDOT Crash ID

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Hidalgo County District Clerk  
Reviewed By: Alessandra Galvan



0 150 300

210011068  
DET. K.G. MARTIN 3421  
TRAFFIC INVESTIGATIONS



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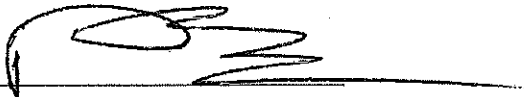
Verification

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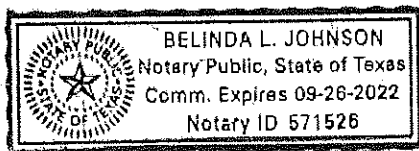
THE STATE OF TEXAS     §  
  §  
COUNTY OF HARRIS     §

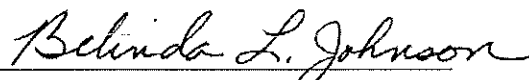
BEFORE ME, the undersigned Notary Public, on this day personally appeared Peter C. Blomquist, who being duly sworn upon his oath deposed and said:

“My name is Peter C. Blomquist. I am over the age of eighteen years, have never been convicted of any criminal offense and am fully competent to enter into this Affidavit. I am one of the attorneys of record for FedEx Ground Package System, Inc., defendant in the above referenced lawsuit. I have read and have knowledge of the facts and circumstances set out in this Defendant’s Original Answer, Section V, Verified Pleas and state that same are true and correct as to my personal knowledge and belief”

  
Peter C. Blomquist

SUBSCRIBED AND SWORN TO BEFORE me on this 2<sup>nd</sup> day of August, 2021, I certify which witness my hand and official seal of office.



  
Notary Public in and for the  
State of Texas

A-15

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8/2/2021 8:37 AM  
Hidalgo County District Clerks  
Reviewed By: Alessandra Galvan

**No. C-1550-21-B**

CHRISTOPHER PENNINGTON

**Plaintiff,**

**vs.**

**FEDEX GROUND PACKAGE SYSTEM,  
INC., GG'S PRODUCE TRANSPORT,  
LLC, I GARZA LLC , J.B. HUNT  
TRANSPORT, INC., RICH TRANSPORT,  
LLC, and GO TO LOGISTICS, INC.**

**Defendants.**

IN THE DISTRICT COURT

HIDALGO COUNTY, TEXAS

93<sup>RD</sup> JUDICIAL DISTRICT

**DEFENDANT J.B. HUNT TRANSPORT, INC.'S  
MOTION TO TRANSFER VENUE**

Defendant J.B. Hunt Transport, Inc. (“J.B. Hunt”) moves to transfer this case from Hidalgo County to Tarrant County, Texas and in support thereof shows as follows:

I.

## Background

1. Plaintiff alleges he was injured on February 11, 2021, in a multiple vehicle accident (the “Incident”) on Interstate 35 West in Fort Worth, Tarrant County, Texas.

2. According to the Fort Worth Police Department (“FWPD”) crash report,<sup>1</sup> the Incident involved 148 “traffic units,”<sup>2</sup> or 130 vehicles. Some of those vehicles were owned or

<sup>1</sup> A true and correct copy of the FWPd crash report is attached as Exhibit A and incorporated herein by reference.

<sup>2</sup> The FWPD crash report includes 148 "traffic units," with tractor-trailer combinations counted as separate vehicles. As noted by the National Transportation Safety Board's Preliminary Report Highway HWY21FH005 (the

DATE 8/5/2021  
A true copy I certify  
LAURA HINOJOSA  
District Clerk, Hidalgo County, Texas  
By [Signature] Deputy #34

operated by commercial motor carriers; most of the vehicles were owned or operated by private individuals.

3. Although 130 vehicles were involved in the Incident, Plaintiff sued only six commercial motor carriers (including J.B. Hunt).

4. The FWPd crash report shows that almost all the drivers of the vehicles involved in the Incident reside in Tarrant County or adjacent counties. Indeed, the FWPd crash report shows that Plaintiff lives in Denton County, just 15 miles or so from the scene of the Incident. He does not live in Hidalgo County.

5. Despite this overwhelming connection to Fort Worth and Tarrant County, Plaintiff filed this suit in Hidalgo County, almost 500 miles away from the scene of the Incident and the vast majority of persons who will be witnesses. The sole basis for venue in this case is Plaintiff's allegation that the registered agents for Defendant GG's Produce Transport, LLC ("GG") and I Garza LLC ("Garza") are in Hidalgo County, Texas. PLAINTIFF'S ORIGINAL PETITION, at ¶ I. As set forth below, venue is improper in Hidalgo County and the case should be transferred to Tarrant County, Texas where the incident occurred and where most of the persons who will be witnesses in this case work or reside.

## II.

### Argument and Authorities

6. Venue in this case is governed by Section 15.002(a) of the TEXAS CIVIL PRACTICE & REMEDIES CODE. That statute provides:

---

"NTSB Preliminary Report"), there were 16 tractor-trailers (32 combination "units"), 114 passenger vehicles, and 2 pedestrians involved in the Incident. NTSB PRELIMINARY REPORT, at 1 n.1 (copy attached as Exhibit B).

Except as otherwise provided by this subchapter or Subchapter B or C, all lawsuits shall be brought:

- (1) in the county in which all or a substantial part of the events or omissions giving rise to the claim occurred;
- (2) in the county of defendant's residence at the time the cause of action accrued if defendant is a natural person;
- (3) in the county of the defendant's principal office in this state, if the defendant is not a natural person; or
- (4) if Subdivisions (1), (2), and (3) do not apply, in the county in which the plaintiff resided at the time of the accrual of the cause of action.

TEX. CIV. PRAC. & REM. CODE § 15.002(a).

7. Plaintiff alleges, and the FWPd crash report confirms, that the Incident occurred in Tarrant County, Texas. *See* PLAINTIFF'S ORIGINAL PETITION, at 3; FWPd crash report (Exhibit A). Tarrant County is the county in which all or a substantial part of the events or omissions giving rise to the claim occurred and venue is proper in Tarrant County under Section 15.002(a)(1).

8. In the alternative, and without waiver of the foregoing, J.B. Hunt asserts that a convenience transfer to Tarrant County is appropriate. A trial court may transfer a case to another county of proper venue in the interest of justice and for the convenience of the parties and witnesses. TEX. CIV. PRAC. & REM. CODE § 15.002(b). To transfer venue based upon convenience, the Court must find that:

- (1) maintaining the action in Hidalgo County would work an injustice to J.B. Hunt considering their respective personal and economic hardship;
- (2) the balance of interests of all parties predominates in favor of the action being brought in Tarrant County; and
- (3) transfer to Tarrant County would not work an injustice to any other party.

*See* TEX. CIV. PRAC. & REM. CODE § 15.002(b)(1)-(3).



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Reviewed By: Alessandra Galvan

9. All these requirements are satisfied in the case at bar. The Incident occurred in Tarrant County. There were 130 vehicles involved in this accident. *See Exhibit A.* According to the FWPd crash report, at least 80 of the drivers reside in Tarrant County, Texas. *Id.* In fact, according to the crash report, Plaintiff resides in Denton County, Texas, just across the Tarrant County line.

10. Further, the Fort Worth Police Department was the agency that responded to and investigated the Incident. *Id.* The Fort Worth Police Department as well as the emergency medical personnel who responded to and investigated the Incident are located in or near Tarrant County, hundreds of miles from Hidalgo County.

11. Litigating this case in Hidalgo County would impose personal and economic hardships on all litigants in this case, including J.B. Hunt, as its ability to defend itself would be imperiled because key witnesses will be beyond subpoena range. *See* TEX. R. CIV. P. 176.3 (a witness may be compelled to appear and produce documents in any county within 150 miles of where the witness resides or was served.) There were numerous witnesses to the Incident, including drivers of vehicles involved in the Incident, bystanders, and emergency response personnel (including law enforcement officers, firefighters, and emergency medical responders). In addition to these scene witnesses, other important witnesses also work and reside in Tarrant County, including Plaintiffs' medical providers. These persons are all beyond the power of the Court to compel them to appear at a trial in Hidalgo County.

12. The balance of interests of all parties weighs in favor of this action being brought in Tarrant County. Transferring this case to Tarrant County—where the Incident occurred and important witnesses are located—would serve the interests of all parties because evidence and testimony would be more readily available since most of the drivers involved in the Incident reside

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in Tarrant County and because non-party witnesses such as police officers and emergency medical personnel would be less inconvenienced. Plaintiff, who lives or works in Tarrant County or the surrounding area, has no interest in litigating his claims hundreds of miles from his home.

13. Transferring the case to Tarrant County would not work an injustice on any other party. Neither Plaintiff nor any of his six lawyers reside or work in Hidalgo County and it would not be less expensive or more convenient for Plaintiff to litigate his claims in Hidalgo County. Few, if any, material witnesses work or reside in Hidalgo County and a transfer to Tarrant County would not result in increased costs to Plaintiff.

14. Hidalgo County is not a county of mandatory venue and Tarrant County is a county of proper venue.

15. Because venue is more convenient in Tarrant County, Texas, a county of proper venue, the Court should transfer this case to Tarrant County.

**PRAYER**

WHEREFORE, PREMISES CONSIDERED, Defendant J.B. Hunt Transport, Inc. requests the Court set this motion for hearing and, after the hearing, grant this motion and transfer this case to Tarrant County, Texas. Defendant further requests such other and further relief both at law and in equity to which Defendant may be justly entitled.

Respectfully submitted,

By: /s/ Michael C. Wright  
Michael C. Wright  
Texas Bar No. 22049807  
mwright@rwtrial.com  
Steven L. Russell  
Texas Bar No. 17437040  
srussell@rwtrial.com  
RUSSELL & WRIGHT, PLLC

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15770 Dallas Parkway, Suite 1050  
Dallas, Texas 75248  
(972) 267-8400  
(972) 267-8401 (*facsimile*)

**ATTORNEY FOR DEFENDANT J.B. HUNT  
TRANSPORT, INC.**

**CERTIFICATE OF SERVICE**

I certify that Defendant J.B. Hunt-Transport, Inc.'s Motion to Transfer Venue was served on all counsel of record via electronic transmission on August 2, 2021.

/s/ Michael C. Wright  
Michael C. Wright

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. 1 4 8	Total Num. 1 3 6	TxDOT Crash ID
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## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

Page 1 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																												
	*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit																										
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																														
	ROAD ON WHICH CRASH OCCURRED																																		
VEHICLE, DRIVER, & PERSONS	*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600		3 Street Prefix		*Street Name		4 Street Suffix																						
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.																								
	INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																		
	At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																				
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker		Street Desc. HWY		RRR Num.																									
Unit Num. 1		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		LP Num. GXG2275		VIN 5YFBURHE0GP446084																									
Veh. Year 2016		6 Veh. Color BLK		Veh. Make TOYOTA		Veh. Model COROLLA		7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																									
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 823		9 DL Class C		10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 04/06/1979																							
Address (Street, City, State, ZIP) 14005 DREAMRIVER TRL HASLET TX 76052																																			
Person Num. 1		12 Psn. Type 1		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line		14 Injury Severity		Age		15 Ethnicity		16 Sex		17 Eject.		18 Restr.		19 Airbag		20 Helmet		21 Sol.		22 Alc. Spec.		23 Alc. Result		24 Drug Spec.		25 Drug Result		26 Drug Category	
1		1		1		SHOOK JOBETH WILBERS		N		41		W		2		1		1		2		97		N		96		96		97		97			
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		SHOOK JOBETH WILBERS		14005 DREAMRIVER TRL		HASLET TX 76052																											
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE		Fin. Resp. Num. 909766662																											
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		12		FD 2		27 Vehicle Damage Rating 2		-		-		Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																					
Towed By DRIVEN		Towed To BY OWNER																																	
Unit Num. 2		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		LP Num. DHY6715		VIN 1FADP3K23EL276066																									
Veh. Year 2014		6 Veh. Color RED		Veh. Make FORD		Veh. Model FOCUS		7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																									
8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99		10 CDL End. 99		11 DL Rest. 99		DOB (MM/DD/YYYY)																							
Address (Street, City, State, ZIP) UNKNOWN UNKNOWN UNK																																			
Person Num. 1		12 Psn. Type 1		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line		14 Injury Severity		Age		15 Ethnicity		16 Sex		17 Eject.		18 Restr.		19 Airbag		20 Helmet		21 Sol.		22 Alc. Spec.		23 Alc. Result		24 Drug Spec.		25 Drug Result		26 Drug Category	
1		1		1		UNKNOWN		99		99		99		1		99		99		97		N		96		96		97		97					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		ADAMS LISA RENEE		405 COLETTE CT		BELTON TX 76153																											
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name USAA		Fin. Resp. Num. 0370637777101																											
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		12		FD 6		27 Vehicle Damage Rating 2		-		-		Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																					
Towed By		Towed To																																	

EXHIBIT A

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068 TxDOT Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)		
					/ /			
					/ /			
					/ /			
					/ /			
					/ /			
					/ /			
CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.				
DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address				
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
	Carrier's Corp. Name		Carrier's Primary Addr.				30 Veh. Type	
	31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:
	36 Contributing Factors (Investigator's Opinion)		37 Vehicle Defects (Investigator's Opinion)		Environmental and Roadway Conditions			
	Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads
						41 Roadway Type	42 Roadway Alignment	43 Surface Condition
						44 Traffic Control		
	FACTORS & CONDITIONS	98		3		97		3
NARRATIVE AND DIAGRAM	<p>VEHICLES WERE TRAVELING SOUTHBOUND AT THE 2600 BLOCK OF THE IH35 EXPRESS LANES WHEN THEY ENCOUNTERED ICY ROAD CONDITIONS. VEHICLES BEGAN TO COLLIDE WITH EACH OTHER JAMMING UP THE ROADWAY. AS OTHER VEHICLES APPROACHED THEY WERE UNABLE TO STOP IN TIME TO AVOID THE OTHER VEHICLES ALREADY INVOLVED IN THE COLLISION. SIX PERSONS WERE PRONOUNCED DECEASED ON SCENE.</p>							
INVESTIGATOR	Time Notified (24HR:MM)	0 6 2 0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0 6 4 0	Report Date (MM/DD/YYYY)	0 3 / 0 1 / 2 0 2 1
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	HARPER, G. MARTIN, K		ID Num.	3380-3421		
	ORI Num.	TX 2 2 0 1 2 0 0		*Agency	FORT WORTH POLICE DEPARTMENT		Service/Region/DA	C E N T R L

DIAGRAM ON SEPARATE PAGE



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. 1 4 8	Total Prsns. 1 3 6	TxDOT Crash ID
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## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Page 3 of 149

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																													
	*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit																											
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																															
	ROAD ON WHICH CRASH OCCURRED																																			
VEHICLE, DRIVER, & PERSONS	*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600		3 Street Prefix		*Street Name		4 Street Suffix																							
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.																									
	INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																			
	At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																					
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker		Street Desc. HWY		RRX Num.																										
VEHICLE, DRIVER, & PERSONS	Unit Num. 3		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		LP Num. CSZ8504		VIN 1NXXBR32E28Z015365																									
	Veh. Year 2008		6 Veh. Color SIL		Veh. Make TOYOTA		Veh. Model COROLLA		7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																									
	8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 442		9 DL Class C		10 CDL End. 99		11 DL Rest. A		DOB (MM/DD/YYYY) 11/04/1987																							
	Address (Street, City, State, ZIP) 8145 IRON DR #427 FORT WORTH TX 76137																																			
	Person Num. 1		12 Prsn. Type 1		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line		14 Injury Severity		Age		15 Ethnicity		16 Sex		17 Eject.		18 Restr.		19 Airbag		20 Helmet		21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.		24 Drug Result		25 Drug Category	
	1		1		1		LIND MELISSA CATHERINE		N		33		B		2		1		1		2		97		N		96				96		97		97	
VEHICLE, DRIVER, & PERSONS	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		LIND MELISSA CATHERINE		8145 IRON DR #427		FORT WORTH TX 76137																											
	Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE		Fin. Resp. Num. 915131443																											
	Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-6		27 Vehicle Damage Rating 2 -		-		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																									
	Towed By ABC WRECKER		Towed To ABC WRECKER YARD																																	
	Unit Num. 4		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		LP Num. CPC2932		VIN 1ZVHT80N475239372																									
	Veh. Year 2007		6 Veh. Color GRY		Veh. Make FORD		Veh. Model MUSTANG		7 Body Style P2		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																									
	8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99		10 CDL End. 99		11 DL Rest. 99		DOB (MM/DD/YYYY)																							
	Address (Street, City, State, ZIP) UNK UNK UN UNK																																			
	Person Num. 1		12 Prsn. Type 1		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line		14 Injury Severity		Age		15 Ethnicity		16 Sex		17 Eject.		18 Restr.		19 Airbag		20 Helmet		21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.		24 Drug Result		25 Drug Category	
	1		1		1		UNK UNK		99				99		99		99		99		99		97		N		96				96		97		97	
VEHICLE, DRIVER, & PERSONS	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		LANEY RONALD LEE II		1500 BIRDS EYE RD		FORT WORTH TX 76177																											
	Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name FARMERS		Fin. Resp. Num. 45408715																											
	Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-6		27 Vehicle Damage Rating 2 -		-		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																									
	Towed By ABC WRECKER		Towed To ABC WRECKER																																	

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068 TxDOT Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)										
					/ /											
					/ /											
					/ /											
					/ /											
					/ /											
					/ /											
CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.												
DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address												
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.								
	Carrier's Corp. Name			Carrier's Primary Addr.			30 Veh. Type									
	31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type								
	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No								
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:								
	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)		Environmental and Roadway Conditions									
	Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads								
						98	3	97								
	FACTORS & CONDITIONS															
NARRATIVE AND DIAGRAM	<p style="text-align: center;">DIAGRAM ON SEPARATE PAGE</p>															
INVESTIGATOR	Time Notified (24HR:MM)		0 6 2 0		How Notified		DISPATCH		Time Arrived (24HRMM)		0 6 4 0		Report Date (MM/DD/YYYY)		0 3 / 0 1 / 2 0 2 1	
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Investigator Name (Printed)				HARPER, G. MARTIN, K				ID Num. 3380-3421					
	ORI Num. TX 2 2 0 1 2 0 0		*Agency				FORT WORTH POLICE DEPARTMENT				Service/Region/DA C E N T R L					

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. Units	1	4	8
Total Num. Prsns.	1	3	6

TxDOT Crash ID

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

Page 5 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use		
	*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277		
	ROAD ON WHICH CRASH OCCURRED								
VEHICLE, DRIVER, & PERSONS	*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600		
	3 Street Prefix		*Street Name		4 Street Suffix				
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Workers Present <input checked="" type="checkbox"/> No		Street Desc.						
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER									
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num. 2500	
3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST					
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker		Street Desc. HWY	
RRX Num.									
Unit Num. 5		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		LP Num. JRB4105	
VIN 1N6AD06U48C450700									
Veh. Year 2008		6 Veh. Color SIL		Veh. Make NISSAN		Veh. Model FRONTIER		7 Body Style SV	
<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)									
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 453		9 DL Class C		10 CDL End. 99	
11 DL Rest. A		DOB (MM/DD/YYYY) 04/02/1975							
Address (Street, City, State, ZIP) 4416 JESSICA ST FORT WORTH TX 76244									
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line									
Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle			14 Injury Severity	15 Age	16 Sex	
1	1	1	ALONZO NORMA VARELA			N	45	W	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.									
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		ALONZO JACINTO 921 AVE E		FORT WORTH TX 79041			
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name FARMERS		Fin. Resp. Num. 44483140	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		12 -		FD - 6		27 Vehicle Damage Rating 2 -	
Towed By TEXAS TOWING		Towed To TEXAS TOWING							
Unit Num. 6		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State WA		LP Num. 80104RP	
VIN 4V4NC9E7LN240058									
Veh. Year 2020		6 Veh. Color WHI		Veh. Make VOLVO		Veh. Model ACL		7 Body Style TR	
<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)									
8 DL/ID Type 1		DL/ID State WA		DL/ID Num. 620D		9 DL Class 98		10 CDL End. 98	
11 DL Rest. 98		DOB (MM/DD/YYYY) 09/04/1990							
Address (Street, City, State, ZIP) 4243 STONE CREST CT BELLINGHAM WA 98226									
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line									
Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle			14 Injury Severity	15 Age	16 Sex	
1	1	1	SINGH SUKHWINDER			N	30	A	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.									
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		SONIC LOGISTICS LLC 6199 NICKLES ST		FERNDAL WA 98248			
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE		Fin. Resp. Num. 01147258-2	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		10 -		FL - 2		27 Vehicle Damage Rating 2 -	
Towed By MILNER		Towed To 6320 EDEN DR							

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Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)															
					/ /																
					/ /																
					/ /																
					/ /																
					/ /																
CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.																	
DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address																	
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type												
	Carrier's Corp. Name		Carrier's Primary Addr.																		
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type													
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No													
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:													
	36 Contributing Factors (Investigator's Opinion)		37 Vehicle Defects (Investigator's Opinion)		Environmental and Roadway Conditions																
FACTORS & CONDITIONS	Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control									
						98	3	97	3	2	6	96									
NARRATIVE AND DIAGRAM	<div style="text-align: center; font-size: 2em; margin-top: 100px;">DIAGRAM ON SEPARATE PAGE</div>																				
INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	0	1	2	0	2	1
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)		HARPER, G.		MARTIN, K		ID Num.		3380-3421											
	ORI Num.	TX 22012000		Agency		FORT WORTH POLICE DEPARTMENT		Service/Region/DA		CENTRL											



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. 1 4 8 Total Num. 1 3 6 TxDOT Crash ID

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

Page 7 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																																				
	*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit																																				
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																																				
	ROAD ON WHICH CRASH OCCURRED																																										
VEHICLE, DRIVER, & PERSONS	*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600																																				
	3 Street Prefix		*Street Name		4 Street Suffix																																						
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																				
	Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.																																								
	INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																										
	At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1																																				
	Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																																				
	Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker																																				
	Street Desc. HWY		RRX Num.																																								
	Unit Num. 7		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State WA																																				
LP Num. 23034AE		VIN 1G R A A 0 6 2 3 F W 7 0 2 3 8 3																																									
Veh. Year 2015		6 Veh. Color WHI		Veh. Make GREAT DANE TRAILERS		Veh. Model NOT APPLICABLE																																					
7 Body Style TL		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																									
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class																																					
10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)																																							
Address (Street, City, State, ZIP)																																											
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Psn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>								Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																		
Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																										
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																											
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		SONIC LOGISTICS LLC		FERNDAL WA 98248																																					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE																																					
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 6 -		BD - 1		27 Vehicle Damage Rating 2 -																																					
Towed By MILNER		Towed To MILNER WRECKER YARD																																									
Unit Num. 8		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State FL																																					
LP Num. JWAB48		VIN 5 N P D 8 4 L F 9 J H 3 3 2 2 8 2																																									
Veh. Year 2018		6 Veh. Color GRY		Veh. Make HYUNDAI		Veh. Model ELANTRA COUPE																																					
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																									
8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99																																					
10 CDL End. 99		11 DL Rest. 99		DOB (MM/DD/YYYY)																																							
Address (Street, City, State, ZIP) UNK UNK UNK UNK																																											
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Psn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>UNK UNKNOWN</td> <td>99</td> <td></td> <td>99</td> <td>99</td> <td>99</td> <td>99</td> <td>2</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> </tbody> </table>								Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	UNK UNKNOWN	99		99	99	99	99	2	97	N	96		96	97	97
Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																										
1	1	1	UNK UNKNOWN	99		99	99	99	99	2	97	N	96		96	97	97																										
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																											
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		ARRIETA ESTEBAN ALONSO		DAVENPORT FL 33836																																					
Proof of Fin. Resp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type		Fin. Resp. Name																																					
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12 -		FD - 5		27 Vehicle Damage Rating 2 6 -																																					
RD - 5		Vehicle Inventoried <input checked="" type="checkbox"/> No																																									
Towed By GUY SIMON		Towed To GUY SIMON WRECKER YARD																																									



Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
					/ /	
					/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

Unit Num.	6	<input checked="" type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper. 2	29 Carrier ID Type 1	Carrier ID Num. 00257317
Carrier's Corp. Name	SONIC LOGISTICS		Carrier's Primary Addr. 6199 NICKLES ST		FERNDAL WA 98248		30 Veh. Type 9	
31 Bus Type 0	<input type="checkbox"/> RGWW	<input checked="" type="checkbox"/> GVWR	4,982.8	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.
Unit Num. 7	<input type="checkbox"/> RGWW	<input checked="" type="checkbox"/> GVWR	4,500.0	34 Trlr. Type 2	CMV Disabling Damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type
Sequence Of Events	35 Seq. 1 98	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
									98	3	97	3	2	6	96	

NARRATIVE AND DIAGRAM	<p style="text-align: center;">DIAGRAM ON SEPARATE PAGE</p>															

INVESTIGATOR	Time Notified (24HR:MM)	0 6 2 0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0 6 4 0	Report Date (MM/DD/YYYY)	0 3 / 0 1 / 2 0 2 1
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	HARPER, G. MARTIN, K		ID Num.	3380-3421		
	ORI Num.	TX 2 2 0 1 2 0 0		Agency	FORT WORTH POLICE DEPARTMENT		Service/Region/DA	C E N T R L

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. 1 4 8	Total Num. 1 3 6	TxDOT Crash ID
------------------	------------------	----------------

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

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Page 9 of 149

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 0 2 / 1 1 / 2 0 2 1		*Crash Time (24HRMM) 0 6 0 0		Case ID 210011068		Local Use		
	*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 3 2 . 7 9 5 1 3		Longitude (decimal degrees) - 0 9 7 . 3 2 2 7 7				
	ROAD ON WHICH CRASH OCCURRED								
VEHICLE, DRIVER, & PERSONS	*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600		
	3 Street Prefix		*Street Name		4 Street Suffix				
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.						
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER									
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num. 2500	
3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST					
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker		Street Desc. HWY	
RRX Num.									
Unit Num. 9		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		LP Num. HPN6310	
VIN 1 F A H P 3 F 2 1 C L 2 5 6 7 9 4									
Veh. Year 2 0 1 2		6 Veh. Color SIL		Veh. Make FORD		Veh. Model FOCUS		7 Body Style P4	
<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)									
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 841		9 DL Class C		10 CDL End. 96	
11 DL Rest. 96		DOB (MM/DD/YYYY) 0 9 / 1 7 / 1 9 9 1							
Address (Street, City, State, ZIP) 329-WEST SOUTHERN AVE SAGINAW TX 76179									
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line									
Person Num.	12 Psn. Type	13 Seat Position	14 Injury Severity		Age	15 Ethnicity	16 Sex	17 Eject.	
1	1	1	B		29	W	2	1	
GARRETT		MELISSA		ELIZABETH					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.									
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address GARRETT MELISSA ELIZABETH SAGINAW TX 76179 329 WEST SOUTHERN AVE									
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name GEICO		Fin. Resp. Num. 4269178069	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12"		FD-7		27 Vehicle Damage Rating 2 9"		LBQ-6	
Vehicle Inventoried <input checked="" type="checkbox"/> No									
Towed By A1 TOWING		Towed To A1 TOWING YARD							
Unit Num. 10 5 Unit Desc. 1 <input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run LP State TX LP Num. 00010A3 VIN 1 G N E K 1 3 T 2 Y J 1 6 3 6 1 4 Veh. Year 2 0 0 0 6 Veh. Color GRY Veh. Make CHEVROLET Veh. Model TAHOE C1500 7 Body Style SV <input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)									
8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99		10 CDL End. 99	
11 DL Rest. 99		DOB (MM/DD/YYYY)							
Address (Street, City, State, ZIP) UNKNOWN UNK UN UNK									
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line									
Person Num.	12 Psn. Type	13 Seat Position	14 Injury Severity		Age	15 Ethnicity	16 Sex	17 Eject.	
1	1	1	99		99	99	99	99	
UNKNOWN		UNK		UNK					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.									
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address GARCIA LUIS FORT WORTH TX 76116 6760 CALMONT AVE #204									
Proof of Fin. Resp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type		Fin. Resp. Name		Fin. Resp. Num.	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12"		FD-3		27 Vehicle Damage Rating 2 6"		RD-3	
Vehicle Inventoried <input checked="" type="checkbox"/> No									
Towed By A1 TOWING		Towed To A1 TOWING YARD							

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

Page 10 of 149

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)						
	9	1	TEXAS HEALTH ALLIANCE	SELF	/ /							
					/ /							
					/ /							
					/ /							
					/ /							
CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.								
DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address								
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.				
	Carrier's Corp. Name			Carrier's Primary Addr.			30 Veh. Type					
	31 Bus. Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type				
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:				
	36 Contributing Factors (Investigator's Opinion)		37 Vehicle Defects (Investigator's Opinion)		Environmental and Roadway Conditions							
FACTORS & CONDITIONS	Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
						98	3	97	3	2	6	96
NARRATIVE AND DIAGRAM	<p style="text-align: center; font-size: 2em;">DIAGRAM ON SEPARATE PAGE</p>											
INVESTIGATOR	Time Notified (24HR:MM)	0 6 2 0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0 6 4 0	Report Date (MM/DD/YYYY)	0 3 / 0 1 / 2 0 2 1				
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	HARPER, G. MARTIN, K		ID Num.	3380-3421						
	ORI Num.	TX 2 2 0 1 2 0 0		Agency	FORT WORTH POLICE DEPARTMENT			Service/Region/DA	C E N T R L			

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE ☐ SCHOOL ZONETotal  
Num. 1 4 8  
Units  
Total  
Num. 1 3 6  
Prsns.  
TxDOT  
Crash ID

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

Page 11 of 149

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																																																							
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit																																																							
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																																																							
ROAD ON WHICH CRASH OCCURRED																																																													
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600																																																							
3 Street Prefix		*Street Name		4 Street Suffix																																																									
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit																																																							
Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.																																																									
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																													
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1																																																							
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																																																							
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker																																																							
Street Desc. HWY		RRX Num.																																																											
Unit Num. 11		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX																																																							
LP Num. MMC4853		VIN JTEBU5JR8K5701846																																																											
Veh. Year 2019		6 Veh. Color BLU		Veh. Make TOYOTA		Veh. Model 4RUNNER/SR5																																																							
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																											
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 371		9 DL Class C																																																							
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 04/16/1977																																																									
Address (Street, City, State, ZIP) 11112 HAWKS LANDING HASLET TX 76052																																																													
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line																																																													
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Prsn. Type</th> <th>13 Seat Position</th> <th>Name</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>CASE AMY RENEE</td> <td>B</td> <td>43</td> <td>W</td> <td>2</td> <td>1</td> <td>1</td> <td>2</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>								Person Num.	12 Prsn. Type	13 Seat Position	Name	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	CASE AMY RENEE	B	43	W	2	1	1	2	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
Person Num.	12 Prsn. Type	13 Seat Position	Name	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																												
1	1	1	CASE AMY RENEE	B	43	W	2	1	1	2	97	N	96		96	97	97																																												
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<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address CASE AMY RENEE HASLET TX 76052 11112 HAWKS LANDING Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> Exempt Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name PROGRESSIVE Fin. Resp. Num. 43657558 27 Vehicle Damage Rating 1 12- FD-5 27 Vehicle Damage Rating 2 6- RD-5 Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Towed By A1 TOWING Towed To A1 TOWING YARD																																																													
Unit Num. 12 5 Unit Desc. 1 <input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run LP State TX LP Num. JRK8228 VIN 3VWVA7AT5DM635655 Veh. Year 2013 6 Veh. Color SIL Veh. Make VOLKSWAGEN Veh. Model NEW BEETLE 7 Body Style P2 <input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																													
8 DL/ID Type 1 DL/ID State TX DL/ID Num. 746 9 DL Class C 10 CDL End. 96 11 DL Rest. A DOB (MM/DD/YYYY) 01/25/1984 Address (Street, City, State, ZIP) 7619 CROUSE DR FORT WORTH TX 76137 Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line																																																													
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Prsn. Type</th> <th>13 Seat Position</th> <th>Name</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>HERRERA ELVIRA</td> <td>B</td> <td>37</td> <td>H</td> <td>2</td> <td>1</td> <td>1</td> <td>5</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>								Person Num.	12 Prsn. Type	13 Seat Position	Name	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	HERRERA ELVIRA	B	37	H	2	1	1	5	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
Person Num.	12 Prsn. Type	13 Seat Position	Name	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																												
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<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address GALAVIZ ISMAEL FORT WORTH TX 76137 7916 CROUSE DR Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> Exempt Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name LIBERTY COUNTY MUTUAL Fin. Resp. Num. Y8012314 27 Vehicle Damage Rating 1 3- RP-7 27 Vehicle Damage Rating 2 12- FD-7 Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Towed By TEXAS TOWING Towed To TEXAS TOWING																																																													

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)Case ID 210011068 TxDOT  
Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	11	1	LOCAL HOSPITAL	SELF	/ /	
	12	1	LOCAL HOSPITAL	SELF	/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type				
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR				HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type		
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR				34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight			Total Num. Axles:			

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway-- Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
										98	3	97	3	2	6	96

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE															

INVESTIGATOR	Time Notified (24HR:MM)				How Notified				Time Arrived (24HR:MM)				Report Date (MM/DD/YYYY)			
		0	6	2	0	DISPATCH		0	6	4	0		0	3	0	1 / 2 0 2 1
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)				HARPER, G.				MARTIN, K				ID Num.	3380-3421
ORI Num.	TX 2 2 0 1 2 0 0				Agency				FORT WORTH POLICE DEPARTMENT				Service/ Region/DA	C E N T R L		



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONETotal  
Num. 1 4 8  
Units  
Total  
Num. 1 3 6  
Prsns.  
TxDOT  
Crash ID

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

Page 13 of 149

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																																																																			
	*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit																																																																	
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																																																																					
	ROAD ON WHICH CRASH OCCURRED																																																																									
VEHICLE, DRIVER, & PERSONS	*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600		3 Street Prefix		*Street Name		4 Street Suffix																																																													
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.																																																															
	INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																																									
	At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																																																											
	Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker		Street Desc. HWY		RRX Num.																																																															
	Unit Num. 13		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State TX		LP Num. 97216B2		VIN K N D P C 3 A C 5 G 7 8 4 5 4 9 2																																																													
	Veh. Year 2016		6 Veh. Color GRAY		Veh. Make KIA		Veh. Model SPORTAGE		7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																															
	8 DL/ID Type 4		DL/ID State TX		DL/ID Num. 307		9 DL Class 5		10 CDL End. 5		11 DL Rest 5		DOB (MM/DD/YYYY) 08/03/1975																																																													
	Address (Street, City, State, ZIP) 2400 INDIAN HEAD DR FORT WORTH TX 76177																																																																									
	<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Psn. Type</th> <th>13 Seat Position</th> <th colspan="3">Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>WATSON</td> <td>AARON</td> <td>LUK</td> <td>N</td> <td>45</td> <td>W</td> <td>1</td> <td>1</td> <td>1</td> <td>5</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="14"></td> <td colspan="6">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>														Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line			14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	WATSON	AARON	LUK	N	45	W	1	1	1	5	97	N	96		96	97	97															Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line			14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																																							
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<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address WATSON AARON LUK 2400 INDIAN HEAD DR FORT WORTH TX 76177																																																																										
Proof of <input type="checkbox"/> Yes <input type="checkbox"/> Expired <input checked="" type="checkbox"/> No <input type="checkbox"/> Exempt 26 Fin. Resp. Type Fin. Resp. Name 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 6- RD-7 Vehicle Inventoried <input checked="" type="checkbox"/> No																																																																										
Towed By TEXAS TOWING Towed To TEXAS TOWING																																																																										
VEHICLE, DRIVER, & PERSONS	Unit Num. 14		5 Unit Desc. 4		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State		LP Num.		VIN																																																													
	Veh. Year		6 Veh. Color		Veh. Make		Veh. Model		7 Body Style		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																															
	8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 307		9 DL Class C		10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 08/03/1975																																																													
	Address (Street, City, State, ZIP) 2400 INDIAN HEAD DR FORT WORTH TX 76177																																																																									
	<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Psn. Type</th> <th>13 Seat Position</th> <th colspan="3">Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>4</td> <td>16</td> <td>WATSON</td> <td>AARON</td> <td>LUKE</td> <td>K</td> <td>45</td> <td>W</td> <td>1</td> <td>97</td> <td>97</td> <td>97</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="14"></td> <td colspan="6">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>														Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line			14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	4	16	WATSON	AARON	LUKE	K	45	W	1	97	97	97	97	N	96		96	97	97															Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
	Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line			14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																																						
	1	4	16	WATSON	AARON	LUKE	K	45	W	1	97	97	97	97	N	96		96	97	97																																																						
															Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																											
	<input type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address Proof of <input type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt 26 Fin. Resp. Type Fin. Resp. Name 27 Vehicle Damage Rating 1 - - 27 Vehicle Damage Rating 2 - - Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																									
	Towed By Towed To																																																																									

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Case ID 210011068

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)						
	14	1	FW FUNERALS AND CREMATIONS	TARRANT CTY MORGUE	0 2 / 1 1 / 2 0 2 1	0 6   1   3						
					/ /							
					/ /							
					/ /							
					/ /							
CHARGES	Unit Num.	Prsn. Num.	Charge			Citation/Reference Num.						
DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address							
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.				
	Carrier's Corp. Name		Carrier's Primary Addr.		30 Veh. Type							
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type				
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:				
	36 Contributing Factors (Investigator's Opinion)		37 Vehicle Defects (Investigator's Opinion)		Environmental and Roadway Conditions							
FACTORS & CONDITIONS	Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
						98	3	97	3	2	6	96
NARRATIVE AND DIAGRAM	<p style="text-align: center;">DIAGRAM ON SEPARATE PAGE</p>											
INVESTIGATOR	Time Notified (24HR:MM)	0 6   2   0	How Notified	DISPATCH	Time Arrived (24HRMM)	0 6   4   0	Report Date (MM/DD/YYYY)	0 3 / 0 1 / 2 0 2 1				
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	HARPER, G. MARTIN, K		ID Num.	3380-3421						
	ORI Num.	TX 2   2   0   1   2   0   0		Agency	FORT WORTH POLICE DEPARTMENT			Service/Region/DA	C   E   N   T   R   L			

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. 1 4 8	Total Num. 1 3 6	TxDOT Crash ID
------------------	------------------	----------------

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

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\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																																	
*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit																															
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																																	
ROAD ON WHICH CRASH OCCURRED																																							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600		3 Street Prefix		*Street Name		4 Street Suffix																											
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.																											
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																									
Distance from Int. or Ref. Marker 1000				<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker		Street Desc. HWY		RRX Num.																											
Unit Num. 15		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State TX		LP Num. GP98DB		VIN 1GCGTDE30G1330774																											
Veh. Year 2016		6 Veh. Color WHI		Veh. Make CHEVROLET		Veh. Model COLORADO		7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																													
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 065		9 DL Class C		10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 11/16/1985																											
Address (Street, City, State, ZIP) 6049 Nanci Dr WATAUGA TX 76148																																							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line										14 Injury Severity				Age		15 Ethnicity		16 Sex		17 Eject.		18 Restr.		19 Airbag		20 Helmet		21 Sol.		22 Alc. Spec.		23 Alc. Result		24 Drug Spec.		25 Drug Result		26 Drug Category	
1		1		1		MORRIS		TERRY		ALLEN JR		B		35		W		1		1		1		5		97		N		96		96		97		97			
										Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																													
<input checked="" type="checkbox"/> Owner		<input type="checkbox"/> Lessee		Owner/Lessee Name & Address MORRIS TERRY ALLEN JR 6049-Nanci Dr WATAUGA TX 76148		Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name USAA		Fin. Resp. Num. 027641979 7101																											
Fin. Resp. Phone Num.				27 Vehicle Damage Rating 1 9- LP-7				27 Vehicle Damage Rating 2 3- RP-7				Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																											
Towed By ABC TOWING				Towed To ABC TOWING																																			
Unit Num. 16		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State TX		LP Num. NTW9207		VIN 5TFEM5F13JX126739																											
Veh. Year 2018		6 Veh. Color BLK		Veh. Make TOYOTA		Veh. Model TUNDRA		7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																													
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 250		9 DL Class C		10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 10/05/1986																											
Address (Street, City, State, ZIP) 8933 Proper St #5109 FORT WORTH TX 76177																																							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line										14 Injury Severity		Age		15 Ethnicity		16 Sex		17 Eject.		18 Restr.		19 Airbag		20 Helmet		21 Sol.		22 Alc. Spec.		23 Alc. Result		24 Drug Spec.		25 Drug Result		26 Drug Category			
1		1		1		SIMS		MONICA		IVONNE		B		34		H		2		1		1		5		97		N		96		96		97		97			
										Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																													
<input checked="" type="checkbox"/> Owner		<input type="checkbox"/> Lessee		Owner/Lessee Name & Address SIMS MONICA IVONNE 8933 Proper St #5109 FORT WORTH TX 76177		Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ALLSTATE		Fin. Resp. Num. 938966718																											
Fin. Resp. Phone Num.				27 Vehicle Damage Rating 1 12- FD-7				27 Vehicle Damage Rating 2 9- LP-5				Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																											
Towed By BEARDS TOWING				Towed To BEARDS TOWING																																			

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Case ID 210011068

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Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	15	1	LOCAL HOSPITAL	SELF	/ /	
	16	1	LOCAL HOSPITAL	SELF	/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	Carrier's Corp. Name		Carrier's Primary Addr.							
	31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	
	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
										98	3	97	3	2	6	96

NARRATIVE AND DIAGRAM																

INVESTIGATOR	Time Notified (24HR:MM)		How Notified		Time Arrived (24HR:MM)		Report Date (MM/DD/YYYY)	
	0 6 2 0		DISPATCH		0 6 4 0		0 3 / 0 1 / 2 0 2 1	
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) HARPER, G. MARTIN, K				ID Num. 3380-3421	
ORI Num.	TX 2 2 0 1 2 0 0				*Agency FORT WORTH POLICE DEPARTMENT		Service/ Region/DA	C E N T R L

DIAGRAM ON SEPARATE PAGE



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☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONETotal  
Num. 1 4 8  
Units  
Total  
Num. 1 3 6  
Prsns.  
TxDOT  
Crash ID

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

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\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
	*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277			
	ROAD ON WHICH CRASH OCCURRED							
VEHICLE, DRIVER, & PERSONS	*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
	3 Street Prefix		*Street Name		4 Street Suffix			
	<input type="checkbox"/> Crash-Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.					
	INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
	At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
	Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
	Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
	Street Desc. HWY		RRX Num.					
	Unit Num. 17		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. JBK4811		VIN 1FTYR2CG7GKB50411		Veh. Year 2016		6 Veh. Color WHI		
Veh. Make FORD		Veh. Model TRANSIT CONNECT		7 Body Style VN		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)		
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 569		9 DL Class C		
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 05/10/1983				
Address (Street, City, State, ZIP) 139 CREASSER LN RHOME TX 76078								
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: Last, First, Middle FRANK DEREK MICHAEL		
14 Injury Severity B		Age 37		15 Ethnicity W		16 Sex 1		
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97		
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97		
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.						
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address ENTERPRISE FM TRUST 9315-OLIVE BLVD		ST LOUIS MO 63132				
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name TRAVELERS		
27 Vehicle Damage Rating 1 9-		LP-7		27 Vehicle Damage Rating 2 3-		RP-7		
Vehicle Inventoried <input checked="" type="checkbox"/> No								
Towed By BEARDS TOWING		Towed To BEARDS TOWING						
Unit Num. 18		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		
LP Num. HVB8086		VIN 3MZBM1K70GM321439		Veh. Year 2016		6 Veh. Color GRY		
Veh. Make MAZDA		Veh. Model MAZDA3		7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)		
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 796		9 DL Class C		
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 06/22/1993				
Address (Street, City, State, ZIP) 2830 S HULEN ST #166 FORT WORTH TX 76109								
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: Last, First, Middle GOYER ALEXANDRIA PAIGE		
14 Injury Severity B		Age 27		15 Ethnicity W		16 Sex 2		
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97		
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97		
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.						
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address GOYER ALEXANDRIA PAIGE 2830 S HULEN ST #166		FORT WORTH TX 76109				
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name GERMANIA		
27 Vehicle Damage Rating 1 9-		LP-7		27 Vehicle Damage Rating 2 12-		FD-7		
Vehicle Inventoried <input checked="" type="checkbox"/> No								
Towed By ABC TOWING		Towed To ABC TOWING						



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Case ID 210011068

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Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	18	1	JOHN PETER SMITH HOSP	MEDSTAR 578	/ /	
	17	1	LOCAL HOSPITAL	SELF	/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
	Carrier's Corp. Name	Carrier's Primary Addr.			30 Veh. Type			
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
										98	3	97	3	2	6	96

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE															

INVESTIGATOR	Time Notified (24HR:MM)	How Notified	Time Arrived (24HR:MM)	Report Date (MM/DD/YYYY)
	0 6 2 0	DISPATCH	0 6 4 0	0 3 / 0 1 / 2 0 2 1
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) HARPER, G. MARTIN, K	ID Num. 3380-3421	
ORI Num. T X 2 2 0 1 2 0 0	Agency FORT WORTH POLICE DEPARTMENT	Service/Region/DA C E N T R L		

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. 1 4 8	Total Num. 1 3 6	TxDOT Crash ID
------------------	------------------	----------------

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

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\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use		
*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277		
ROAD ON WHICH CRASH OCCURRED								
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600		
3 Street Prefix		*Street Name		4 Street Suffix				
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Workers Present <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.						
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER								
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST		
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker		
Street Desc. HWY		RRX Num.						
Unit Num. 19		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State OR		
LP Num. YASF134		VIN 1NPP5L B9X77N742670						
Veh. Year 2007		6 Veh. Color WHI		Veh. Make PETERBILT		Veh. Model 397		
7 Body Style TT		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)						
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 423		9 DL Class A		
10 CDL End. T		11 DL Rest. 96		DOB (MM/DD/YYYY) 11/29/1977				
Address (Street, City, State, ZIP) 16111 MARCELIA DR HOUSTON TX 77049								
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line								
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: MONTES ARTURO		
14 Injury Severity B		Age 43		15 Ethnicity H		16 Sex 1		
17 Eject. 1		18 Restr. 1		19 Airbag 1		20 Helmet 97		
21 Sol. N		22 Alc. Spec. 96		Alc. Result		23 Drug Spec. 96		
24 Drug Result 97		25 Drug Category 97						
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.								
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		SIERRA MOUNTAIN EXPRESS		PORTLAND OR 97203		
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name NATIONAL INTERSTATE		
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1- FD-7		27 Vehicle Damage Rating 2 12- FR-7		Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Towed By MILNER		Towed To MILNER TOWING						
Unit Num. 20		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State OR		
LP Num. HV51486		VIN 1B9C S45207P275496						
Veh. Year 2007		6 Veh. Color BLU		Veh. Make BOYD TANK TRAILERS		Veh. Model NOT APPLICABLE		
7 Body Style TL		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)						
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class		
10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)				
Address (Street, City, State, ZIP)								
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line								
Person Num.		12 Psn. Type		13 Seat Position		Name:		
14 Injury Severity		Age		15 Ethnicity		16 Sex		
17 Eject.		18 Restr.		19 Airbag		20 Helmet		
21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.		
24 Drug Result		25 Drug Category						
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.								
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		SIERRA MOUNTAIN EXPRESS		PORTLAND OR 97203		
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name NATIONAL INTERSTATE		
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 6- RD-2		27 Vehicle Damage Rating 2 -		Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Towed By MILNER		Towed To MILNER TOWING						

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)															
	19	1	LOCAL HOSPITAL	SELF	/ /																
					/ /																
					/ /																
					/ /																
					/ /																
CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.																	
DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address																	
CMV	Unit Num.	10,001+ LBS.	TRANSPORTING HAZARDOUS MATERIAL	9+ CAPACITY	CMV Disabling Damage?	Yes	28 Veh. Oper.	1	29 Carrier ID Type	1	Carrier ID Num.	00365516									
	19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No	1														
	Carrier's Corp. Name	SIERRA MOUNTAIN		Carrier's Primary Addr.	14440 N BYBEE LAKE RD		PORTLAND		OR		97203										
	31 Bus Type	0	<input type="checkbox"/> RGWW	<input checked="" type="checkbox"/> GVWR	5,200	HazMat Released	<input type="checkbox"/> Yes	<input type="checkbox"/> No	32 HazMat Class Num.		HazMat ID Num.										
	33 Cargo Body Type	8																			
	Unit Num.	20	<input type="checkbox"/> RGWW	<input checked="" type="checkbox"/> GVWR	4,800	34 Trlr. Type	1	CMV Disabling Damage?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Unit Num.										
Sequence Of Events	35 Seq. 1	98	35 Seq. 2		35 Seq. 3		35 Seq. 4		Intermodal Shipping Container Permit	<input type="checkbox"/> Yes	<input type="checkbox"/> No										
FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions												
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control							
								98	3	97	3	2	6	96							
NARRATIVE AND DIAGRAM	<p style="text-align: center;">DIAGRAM ON SEPARATE PAGE</p>																				
INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	0	1	2	0	2	1
	Invest. Comp.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Investigator Name (Printed)	HARPER, G.		MARTIN, K		ID Num.	3380-3421											
	ORI Num.	TX 22012000				Agency	FORT WORTH POLICE DEPARTMENT				Service/Region/DA	CENTRL									

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. 1 4 8 Total Num. 1 3 6 TxDOT Crash ID

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

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\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																																																																									
	*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit																																																																							
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																																																																									
	ROAD ON WHICH CRASH OCCURRED																																																																															
VEHICLE, DRIVER, & PERSONS	*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600																																																																									
	3 Street Prefix		*Street Name		4 Street Suffix																																																																											
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																									
	Workers Present <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.																																																																													
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																																																
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num. 2500																																																																								
3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																																																																												
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Markers		Reference Marker		Street Desc. HWY																																																																								
RRX Num.																																																																																
Unit Num. 21		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		LP Num. NFK9887																																																																								
VIN 1C6RR7LM1F539946																																																																																
Veh. Year 2015		6 Veh. Color WHI		Veh. Make DODGE		Veh. Model RAM 1500		7 Body Style PK																																																																								
<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																																																
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 558		9 DL Class C		10 CDL End. 96																																																																								
11 DL Rest. 96		DOB (MM/DD/YYYY) 07/13/1989																																																																														
Address (Street, City, State, ZIP) 3720 RIVER BIRCH RD FORT WORTH TX 76137																																																																																
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Prsn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>CRAWFORD BRIAN</td> <td>B</td> <td>31</td> <td>W</td> <td>1</td> <td>1</td> <td>1</td> <td>5</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>									Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	CRAWFORD BRIAN	B	31	W	1	1	1	5	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																			
Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																																															
1	1	1	CRAWFORD BRIAN	B	31	W	1	1	1	5	97	N	96		96	97	97																																																															
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																																																
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		CRAWFORD BRIAN 3720 RIVER BIRCH RD		FORT WORTH TX 76137																																																																										
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE		Fin. Resp. Num. 937701019																																																																								
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 6-		RD-5																																																																								
Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																																
Towed By ABC TOWING		Towed To ABC TOWING																																																																														
Unit Num. 22		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		LP Num. MJW4810																																																																								
VIN 5XYP64HC2LG029498																																																																																
Veh. Year 2020		6 Veh. Color GRAY		Veh. Make KIA		Veh. Model UNKNOWN		7 Body Style SV																																																																								
<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																																																
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 093		9 DL Class C		10 CDL End. 96																																																																								
11 DL Rest. A		DOB (MM/DD/YYYY) 01/25/1940																																																																														
Address (Street, City, State, ZIP) 8537 WOODLAKE CIR FORT WORTH TX 76179																																																																																
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Prsn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>CROSS ROBERT MICHAEL</td> <td>A</td> <td>81</td> <td>W</td> <td>1</td> <td>1</td> <td>1</td> <td>5</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td>2</td> <td>2</td> <td>3</td> <td>CROSS RICHARD</td> <td>A</td> <td>54</td> <td>W</td> <td>1</td> <td>1</td> <td>1</td> <td>5</td> <td>97</td> <td>N</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>									Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	CROSS ROBERT MICHAEL	A	81	W	1	1	1	5	97	N	96		96	97	97	2	2	3	CROSS RICHARD	A	54	W	1	1	1	5	97	N						Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																																															
1	1	1	CROSS ROBERT MICHAEL	A	81	W	1	1	1	5	97	N	96		96	97	97																																																															
2	2	3	CROSS RICHARD	A	54	W	1	1	1	5	97	N																																																																				
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																																																
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		CROSS ROBERT MICHAEL 8537 WOODLAKE CIR		FORT WORTH TX 76179																																																																										
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ALLSTATE		Fin. Resp. Num. 836230560																																																																								
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 9-		LP-7																																																																								
Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																																
Towed By ABC TOWING		Towed To ABC TOWING																																																																														

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)Case  
ID 210011068TxDOT  
Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	22	1	JOHN PETER SMITH HOSP	MEDSTAR	/ /	
	22	2	JOHN PETER SMITH HOSP	MEDSTAR	/ /	
	21	1	LOCAL HOSPITAL	SELF	/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type	
	Carrier's Corp. Name	Carrier's Primary Addr.									
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	<input type="checkbox"/> HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type		
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control		
									98	3	97	3	2	6	96	

NARRATIVE AND DIAGRAM															

INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HRMM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	/	0	1	/	2	0	2	1		
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					Investigator Name (Printed)	HARPER, G.					MARTIN, K					ID Num.	3380-3421						
	ORI Num.	TX 2201200				*Agency	FORT WORTH POLICE DEPARTMENT											Service/ Region/DA	CENTRAL						

DIAGRAM ON SEPARATE PAGE



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. 1 4 8 Total Prsns. 1 3 6 TxDOT Crash ID

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

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\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																												
	*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit																										
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																												
	ROAD ON WHICH CRASH OCCURRED																																		
VEHICLE, DRIVER, & PERSONS	*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600		3 Street Prefix		*Street Name		4 Street Suffix																						
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.																						
	INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																		
	At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																				
Distance from Int. or Ref. Marker 1000				<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker		Street Desc. HWY		RRX Num.																							
Unit Num. 23		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State TX		LP Num. 1L57140		VIN 1FUBCYCS13HM01664																							
Veh. Year 2003		6 Veh. Color RED		Veh. Make FREIGHTLINER				Veh. Model UNKNOWN				7 Body Style TR		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 967		9 DL Class A		10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 08/13/1999																							
Address (Street, City, State, ZIP) 3974 N STORY RD #925 IRVING TX 75038																																			
Person Num. 1		12 Psn. Type 1		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line				14 Injury Severity		15 Age		16 Sex		17 Eject		18 Restr.		19 Airbag		20 Helmet		21 Sol.		22 Alc. Spec.		23 Alc. Result		24 Drug Spec.		25 Drug Result		26 Drug Category	
1		1		1		MCENLEY JALEN				N		21		B		1		1		1		97		N		96		96		97		97			
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																			
<input checked="" type="checkbox"/> Owner		Owner/Lessee Name & Address		COCA COLA SOUTHWEST BEVERAGES LL 3400 FOSSIL CREEK BLVD FORT WORTH TX 76137																															
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name BEECHER CARLSON INS				Fin. Resp. Num. 404-460-1401																									
Fin. Resp. Phone Num.				27 Vehicle Damage Rating 1 12- FD-2				27 Vehicle Damage Rating 2 -				Vehicle Inventoried <input checked="" type="checkbox"/> No																							
Towed By DRIVEN				Towed To 3400 FOSSIL CREEK BL																															
Unit Num. 24		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State TX		LP Num. 80918Z		VIN 2MNN01JAL261008625																							
Veh. Year 2006		6 Veh. Color RED		Veh. Make TRAILMOBILE				Veh. Model NOT APPLICABLE				7 Body Style TL		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																					
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class		10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)																							
Address (Street, City, State, ZIP)																																			
Person Num.		12 Psn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line				14 Injury Severity		15 Age		16 Sex		17 Eject		18 Restr.		19 Airbag		20 Helmet		21 Sol.		22 Alc. Spec.		23 Alc. Result		24 Drug Spec.		25 Drug Result		26 Drug Category	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																			
<input checked="" type="checkbox"/> Owner		Owner/Lessee Name & Address		COCA COLA SOUTHWEST BEVERAGES LL 3400 FOSSIL CREEK BL FORT WORTH TX 76137																															
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name BEECHER CARLSON INS				Fin. Resp. Num. 404-460-1401																									
Fin. Resp. Phone Num.				27 Vehicle Damage Rating 1 6- RD-1				27 Vehicle Damage Rating 2 -				Vehicle Inventoried <input checked="" type="checkbox"/> No																							
Towed By DRIVEN				Towed To 3400 FOSSIL CREEK BLVD																															

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)		
					/ /			
					/ /			
					/ /			
					/ /			
					/ /			
CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.				
DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address				
CMV	Unit Num. 23	<input checked="" type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper. 2	29 Carrier ID Type 1	Carrier ID Num. 02977752
	Carrier's Corp. Name COCA COLA		Carrier's Primary Addr. 6101 AVE A		LUBBOCK TX 79404		30 Veh. Type 5	
	31 Bus Type 0	<input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GVWR	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type 3	
	Unit Num. 24	<input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GVWR	34 Trlr. Type 1	CMV Disabling Damage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	
	Sequence Of Events	35 Seq. 1 98	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	
	36 Contributing Factors (Investigator's Opinion)		37 Vehicle Defects (Investigator's Opinion)		Environmental and Roadway Conditions			
	Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	
						98	3	
						97	3	
						2	6	
FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)		37 Vehicle Defects (Investigator's Opinion)		Environmental and Roadway Conditions			
	Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	
						98	3	
						97	3	
NARRATIVE AND DIAGRAM	<p style="text-align: center;">DIAGRAM ON SEPARATE PAGE</p>							
INVESTIGATOR	Time Notified (24HR:MM)	0 6 2 0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0 6 4 0	Report Date (MM/DD/YYYY)	0 3 / 0 1 / 2 0 2 1
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)		HARPER, G. MARTIN, K		ID Num. 3380-3421		
	ORI Num.	TX 2 2 0 1 2 0 0		Agency		FORT WORTH POLICE DEPARTMENT		
							Service/Region/DA	C E N T R L

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE ☐ SCHOOL ZONETotal  
Units 1 4 8  
Total  
Prsns. 1 3 6  
TxDOT  
Crash ID

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

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\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																																																						
	*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit																																																						
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																																																						
	ROAD ON WHICH CRASH OCCURRED																																																												
VEHICLE, DRIVER, & PERSONS	*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600																																																						
	3 Street Prefix		*Street Name		4 Street Suffix																																																								
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																						
	Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.																																																										
	INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																												
	At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1																																																						
	Block Num. 2500		3 Street Prefix. NE		Street Name 28TH		4 Street Suffix ST																																																						
	Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker																																																						
	Street Desc. HWY		RRX Num.																																																										
	Unit Num. 25		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX																																																						
LP Num. BX6W775		VIN 1ZVHT82H785159010																																																											
Veh. Year 2008		6 Veh. Color BLK		Veh. Make FORD		Veh. Model MUSTANG																																																							
7 Body Style P2		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																											
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 695		9 DL Class C																																																							
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 03/02/1988																																																									
Address (Street, City, State, ZIP) 14009 TANGLEBRUSH TRL HASLET TX 76052																																																													
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line																																																													
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Psn. Type</th> <th>13 Seat Position</th> <th>Name</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>DUDDINGTON DUSTIN DALE</td> <td>B</td> <td>32</td> <td>W</td> <td>1</td> <td>1</td> <td>1</td> <td>5</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>								Person Num.	12 Psn. Type	13 Seat Position	Name	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	DUDDINGTON DUSTIN DALE	B	32	W	1	1	1	5	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
Person Num.	12 Psn. Type	13 Seat Position	Name	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																												
1	1	1	DUDDINGTON DUSTIN DALE	B	32	W	1	1	1	5	97	N	96		96	97	97																																												
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																													
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address DUDDINGTON DUSTIN DALE HASLET TX 76052 14009 TANGLEBRUSH TRL																																																													
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name TX FARM BUREAU																																																							
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 6-																																																							
RD-7		Vehicle Inventoried <input checked="" type="checkbox"/> No																																																											
Towed By BEARDS TOWING				Towed To BEARDS TOWING																																																									
Unit Num. 26		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX																																																							
LP Num. AY74324		VIN 1FDSE3FL4BD05659																																																											
Veh. Year 2011		6 Veh. Color BLU		Veh. Make FORD		Veh. Model ECONOLINE																																																							
7 Body Style VN		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																											
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 462		9 DL Class C																																																							
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 11/04/1998																																																									
Address (Street, City, State, ZIP) 713 TURNER BLVD GRAND PRAIRIE TX 75050																																																													
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line																																																													
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Psn. Type</th> <th>13 Seat Position</th> <th>Name</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>ROGERS NADIA JEAN</td> <td>B</td> <td>22</td> <td>W</td> <td>2</td> <td>1</td> <td>1</td> <td>5</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>								Person Num.	12 Psn. Type	13 Seat Position	Name	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	ROGERS NADIA JEAN	B	22	W	2	1	1	5	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
Person Num.	12 Psn. Type	13 Seat Position	Name	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																												
1	1	1	ROGERS NADIA JEAN	B	22	W	2	1	1	5	97	N	96		96	97	97																																												
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																													
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address MCDANIEL AND SON PLUMBING ARLINGTON TX 76001 2215 W HARRIS RD																																																													
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name STATE AUTO																																																							
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 6-																																																							
RD-7		Vehicle Inventoried <input checked="" type="checkbox"/> No																																																											
Towed By TEXAS TOWING				Towed To TEXAS TOWING YARD																																																									

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068 TxDOT Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	25	1		LOCAL HOSPITAL	SELF	/ /
26	1		LOCAL HOSPITAL	SELF	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type	
	31 Bus Type	<input type="checkbox"/> RGWW	<input type="checkbox"/> GVWR			HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.
Unit Num.	<input type="checkbox"/> RGWW	<input type="checkbox"/> GVWR			34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight			Total Num. Axles:	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38- Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
									98	3	97	3	2	6	96	

NARRATIVE AND DIAGRAM	NARRATIVE AND DIAGRAM															
	DIAGRAM ON SEPARATE PAGE															

INVESTIGATOR	Time Notified (24HR:MM)	How Notified	Time Arrived (24HR:MM)	Report Date (MM/DD/YYYY)
		0 6 2 0	DISPATCH	0 6 4 0

INVESTIGATOR	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	ID Num.	Service/Region/DA
			HARPER, G. MARTIN, K	3380-3421

ORI Num.	Agency
T X 2 2 0 1 2 0 0	FORT WORTH POLICE DEPARTMENT



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. 1 4 8	Total Num. 1 3 6	TxDOT Crash ID
------------------	------------------	----------------

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

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\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 0 2 / 1 1 / 2 0 2 1		*Crash Time (24HRMM) 0 6 0 0		Case ID 210011068		Local Use		
	*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 3 2 . 7 9 5 1 3		Longitude (decimal degrees) - 0 9 7 . 3 2 2 7 7				
	ROAD ON WHICH CRASH OCCURRED								
VEHICLE, DRIVER, & PERSONS	*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600		
	3 Street Prefix		*Street Name		4 Street Suffix				
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Workers Present <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.						
	INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER								
	At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		
	Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST		
	Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker		
	Street Desc. HWY		RRX Num.						
	Unit Num. 27		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		
LP Num. KMG4544		VIN 1 H G C P 2 F 8 7 B A 0 8 7 3 2 9							
Veh. Year 2 0 1 1		6 Veh. Color GRY		Veh. Make HONDA		Veh. Model ACCORD			
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)							
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 157		9 DL Class C			
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 1 0 / 3 0 / 1 9 9 5					
Address (Street, City, State, ZIP) 3301 CALERA TRL #3111 FORT WORTH TX 76177									
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: Last, First, Middle			
14 Injury Severity B		Age 25		15 Ethnicity W		16 Sex 2			
17 Eject. 1		18 Restr. 1		19 Airbag 3		20 Helmet 97			
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97			
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner		Owner/Lessee Name & Address		ENGEL HUNTER		JUSTIN TX 76247			
<input type="checkbox"/> Lessee		26 Fin. Resp. Type 1		Fin. Resp. Name STATE FARM		Fin. Resp. Num. 466 0631-C04-43-001			
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 3-		RP-7		27 Vehicle Damage Rating 2 6-			
RD-7		Vehicle Inventoried <input checked="" type="checkbox"/> No							
Towed By A1 TOWING		Towed To A1 TOWING							
Unit Num. 28		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX			
LP Num. HRT5651		VIN 1 9 X F C 1 F 3 6 G E 0 1 2 7 3 1							
Veh. Year 2 0 1 6		6 Veh. Color BLK		Veh. Make HONDA		Veh. Model CIVIC			
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)							
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 792		9 DL Class C			
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 1 1 / 2 5 / 1 9 5 5					
Address (Street, City, State, ZIP) 221 SCHREIBER DR HASLET TX 76052									
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: Last, First, Middle			
14 Injury Severity B		Age 65		15 Ethnicity W		16 Sex 1			
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97			
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97			
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner		Owner/Lessee Name & Address		HIATT NANCY		JEAN HASLET TX 76052			
<input type="checkbox"/> Lessee		26 Fin. Resp. Type 1		Fin. Resp. Name STATE FARM		Fin. Resp. Num. 065 8468 K30 43S 004			
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 6-		RD-7		27 Vehicle Damage Rating 2 3-			
RP-7		Vehicle Inventoried <input checked="" type="checkbox"/> No							
Towed By TEXAS TOWING		Towed To TEXAS TOWING							



Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	27	1	LOCAL HOSPITAL	SELF	/ /	
	28	1	LOCAL HOSPITAL	SELF	/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	Carrier's Corp. Name	Carrier's Primary Addr.								
	31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	<input type="checkbox"/> Released <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type		
	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axes:	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
										98	3	97	3	2	6

NARRATIVE AND DIAGRAM	NARRATIVE AND DIAGRAM														

INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	0	1	2	0	2	1
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					Investigator Name (Printed)	HARPER, G.	MARTIN, K					ID Num.	3380-3421						
	ORI Num.	TX 22012000				Agency	FORT WORTH POLICE DEPARTMENT										Service/ Region/DA	CENTRAL			

DIAGRAM ON SEPARATE PAGE

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. 1 4 8	Total Num. 1 3 6	TxDOT Crash ID
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## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 0 2 / 1 1 / 2 0 2 1		*Crash Time (24HRMM) 0 6 0 0		Case ID 210011068		Local Use																																																													
	*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit																																																											
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 3 2 7 9 5 1 3		Longitude (decimal degrees) - 0 9 7 3 2 2 7 7																																																															
	ROAD ON WHICH CRASH OCCURRED																																																																			
VEHICLE, DRIVER, & PERSONS	*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600		3 Street Prefix		*Street Name		4 Street Suffix																																																							
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> No		Workers Present <input checked="" type="checkbox"/> No		Street Desc.																																																									
	INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																																			
	At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																																																					
	Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker		Street Desc. HWY		RRX Num.																																																									
	Unit Num. 29		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State TX		LP Num. 1RY443		VIN 3 C 6 3 R R A L 4 J G 2 8 5 5 5 0																																																							
	Veh. Year 2 0 1 8		6 Veh. Color WHI		Veh. Make DODGE		Veh. Model RAM 3500		7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																									
	8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 576		9 DL Class CM		10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 0 2 / 2 5 / 1 9 7 6																																																							
	Address (Street, City, State, ZIP) 390 CR 3330 BRIDGEPORT TX 76426																																																																			
	<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Psn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>GOBER KERRY QUINN</td> <td>B</td> <td>44</td> <td>W</td> <td>1</td> <td>1</td> <td>1</td> <td>5</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>														Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	GOBER KERRY QUINN	B	44	W	1	1	1	5	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
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<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address GOBER KERRY QUINN- BRIDGEPORT TX 76426 390 CR 3330																																																																				
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name TEXAS FARM BUREAU Fin. Resp. Num. 23339403 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 6- RD-7 Vehicle Inventoried <input checked="" type="checkbox"/> No																																																																				
Towed By BEARDS TOWING Towed To BEARDS TOWING																																																																				
VEHICLE, DRIVER, & PERSONS	Unit Num. 30		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State TX		LP Num. DXL6453		VIN 1 C 4 R D H A G 4 D C 5 9 2 9 2 0																																																							
	Veh. Year 2 0 1 3		6 Veh. Color RED		Veh. Make DODGE		Veh. Model DURANGO		7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																									
	8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 436		9 DL Class C		10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 1 0 / 2 2 / 1 9 8 1																																																							
	Address (Street, City, State, ZIP) 12928 PARADE GROUNDS LN FORT WORTH TX 76244																																																																			
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	Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																																		
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	Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name LIBERTY COUNTY MUTUAL Fin. Resp. Num. Y8721709 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 9- LP-7 Vehicle Inventoried <input checked="" type="checkbox"/> No																																																																			
Towed By MILNER TOWING Towed To MILNER TOWING																																																																				

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)Case  
ID 210011068TxDOT  
Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	29	1	HARRIS DOWNTOWN	SELF	/ /	
	30	1	HARRIS DOWNTOWN	SELF	/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.			
	Carrier's Corp. Name	Carrier's Primary Addr.						30 Veh. Type				
	31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR			HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	
	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR			34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:			

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
										98	3	97	3	2	6	96

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE															

INVESTIGATOR	Time Notified (24HR:MM)		How Notified		Time Arrived (24HR:MM)		Report Date (MM/DD/YYYY)	
		0 6 2 0		DISPATCH		0 6 4 0		0 3 / 0 1 / 2 0 2 1
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) HARPER, G. MARTIN, K				ID Num. 3380-3421	
ORI Num.	TX 2 2 0 1 2 0 0				Agency FORT WORTH POLICE DEPARTMENT		Service/ Region/DA	C E N T R L

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. 1 4 8	Total Num. 1 3 6	TxDOT Crash ID
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Refer to Attached Code Sheet for Numbered Fields

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\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 0 2 / 1 1 / 2 0 2 1		*Crash Time (24HRMM) 0 6 0 0		Case ID 210011068		Local Use																																																													
	*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit																																																											
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 3 2 7 9 5 1 3		Longitude (decimal degrees) - 0 9 7 3 2 2 7 7																																																															
	ROAD ON WHICH CRASH OCCURRED																																																																			
VEHICLE, DRIVER, & PERSONS	*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600		3 Street Prefix		*Street Name		4 Street Suffix																																																							
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> No		Workers Present <input checked="" type="checkbox"/> No		Street Desc.																																																									
	INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																																			
	At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																																																					
	Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker		Street Desc. HWY		RRX Num.																																																									
	Unit Num. 31		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State TX		LP Num. NXN0515		VIN 1 C 4 R J E B G 6 M C 5 1 1 4 6 8																																																							
	Veh. Year 2 0 2 1		6 Veh. Color BLK		Veh. Make JEEP		Veh. Model GRAND CHEROKEE		7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																									
	8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 968		9 DL Class C		10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 0 8 / 0 9 / 1 9 7 5																																																							
	Address (Street, City, State, ZIP) 12240 WALDEN WOOD DR FORT WORTH TX 76244																																																																			
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1	1	1	LIVESAY ANGIE DENISE	B	45	W	2	1	1	5	97	N	96		96	97	97																																																			
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<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address: LIVESAY ANGIE DENISE FORT WORTH TX 76244 12240 WALDEN WOOD DR																																																																				
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> Exempt Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name TRAVELERS INSURANCE Fin. Resp. Num. 6077228172221 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 3- RP-7 Vehicle Inventoried <input checked="" type="checkbox"/> No																																																																				
Towed By TEXAS TOWING Towed To TEXAS TOWING																																																																				
VEHICLE, DRIVER, & PERSONS	Unit Num. 32		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State TX		LP Num. LPX6792		VIN J N 1 B J 0 H P X E M 2 1 0 8 6 0																																																							
	Veh. Year 2 0 1 4		6 Veh. Color WHI		Veh. Make INFINITI		Veh. Model QX50		7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																									
	8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 940		9 DL Class C		10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 0 8 / 3 1 / 1 9 6 0																																																							
	Address (Street, City, State, ZIP) 7791 ARCADIA TRL FORT WORTH TX 76137																																																																			
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	1	1	1	PAARUP MICHAEL	N	60	W	1	1	1	5	97	N	96		96	97	97																																																		
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	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address: PAARUP MICHAEL FORT WORTH TX 76137 7791 ARCADIA TRL																																																																			
	Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> Exempt Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name PROGRESSIVE Fin. Resp. Num. 903565417 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 6- LP-7 Vehicle Inventoried <input checked="" type="checkbox"/> No																																																																			
Towed By ABC TOWING Towed To ABC TOWING																																																																				

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	31	1	LOCAL HOSPITAL	SELF	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
	Carrier's Corp. Name		Carrier's Primary Addr.				30 Veh. Type	
	31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
										98	3	97	3	2	6	96

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE															

INVESTIGATOR	Time Notified (24HR:MM)	How Notified	Time Arrived (24HR:MM)	Report Date (MM/DD/YYYY)
	0 6 2 0	DISPATCH	0 6 4 0	0 3 / 0 1 / 2 0 2 1
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) HARPER, G. MARTIN, K	ID Num. 3380-3421	Service/Region/DA C E N T R L
ORI Num. T X 2 2 0 1 2 0 0	Agency FORT WORTH POLICE DEPARTMENT			



Total Num. 1 4 8 Units	Total Num. 1 3 6 Prsns.	TxDOT Crash ID
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★=These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

\*=1 these fields are required on all additional sheets submitted for this crash (ex: additional vehicles, additional persons, injured persons, etc.)

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																																																							
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit																																																							
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																																																									
ROAD ON WHICH CRASH OCCURRED																																																													
*1 Rdw. Sys. TL		*Hwy. Num. 35		2 Rdw. Part 1		Block Num. 2600																																																							
				3 Street Prefix		*Street Name																																																							
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																							
				Workers <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.																																																							
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																													
At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdw. Sys. LR		Hwy. Num.		2 Rdw. Part 1																																																							
				Block Num. 2500		3 Street Prefix NE																																																							
				Street Name 28TH		4 Street Suffix ST																																																							
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker																																																							
				Street Desc. HWY		RRX Num.																																																							
Unit Num. 33		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX																																																							
				LP Num. MSC1553		VIN 2T1BUE4BC616110																																																							
Veh. Year 2011		6 Veh. Color SIL		Veh. Make TOYOTA		Veh. Model COROLLA																																																							
						7 Body Style P4																																																							
						<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																							
8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99																																																							
						10 CDL End. 99																																																							
						11 DL Rest. 99																																																							
						DOB (MM/DD/YYYY)																																																							
Address (Street, City, State, ZIP) UNKNOWN UNKNOWN UN UNK																																																													
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<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		LUCKEY LATRICE KNESHUN		FORT WORTH TX 76112																																																							
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name HOME STATE COUNTY		Fin. Resp. Num. MST01714623-00																																																							
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12" FD-7		27 Vehicle Damage Rating 2 6" RD-7		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																							
Towed By TEXAS TOWING		Towed To TEXAS TOWING																																																											
Unit Num. 34		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX																																																							
				LP Num. CVZ6452		VIN 3VWDX7AJ7BM330549																																																							
Veh. Year 2011		6 Veh. Color BLU		Veh. Make VOLKSWAGEN		Veh. Model JETTA																																																							
						7 Body Style P4																																																							
						<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																							
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 636		9 DL Class C																																																							
						10 CDL End. 96																																																							
						11 DL Rest. 96																																																							
						DOB (MM/DD/YYYY) 08/12/1999																																																							
Address (Street, City, State, ZIP) 6716 RIDGEWOOD DR NORTH RICHLAND HILLS TX 76182																																																													
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Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																												
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<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		YOUNG JACOB ALEXANDER		NORTH RICHLAND HILLS TX 76182																																																							
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name GEICO		Fin. Resp. Num. 4220496642																																																							
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12" FD-7		27 Vehicle Damage Rating 2 6" RD-7		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																							
Towed By CORNISH TOWING		Towed To CORNISH TOWING																																																											

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Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)										
	34	1	LOCAL HOSPITAL	SELF	/ /											
					/ /											
					/ /											
					/ /											
					/ /											
CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.												
DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address												
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.								
	Carrier's Corp. Name		Carrier's Primary Addr.				30 Veh. Type									
	31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type								
	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No								
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles								
FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control				
						98	3	97	3	2	6	96				
NARRATIVE AND DIAGRAM	<p style="text-align: center;">DIAGRAM ON SEPARATE PAGE</p>															
INVESTIGATOR	Time Notified (24HR:MM)	0 6 2 0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0 6 4 0	Report Date (MM/DD/YYYY)	0 3 / 0 1 / 2 0 2 1								
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	HARPER, G. MARTIN, K		ID Num.	3380-3421										
ORI Num.	TX 22012000		Agency				FORT WORTH POLICE DEPARTMENT				Service/Region/DA	CENTRAL				

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☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. 1 4 8	Total Num. 1 3 6	TxDOT Crash ID
Units	Prsns.	

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

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\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

* Crash Date (MM/DD/YYYY) 02/11/2021		* Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																																																														
* County Name TARRANT				* City Name FORT WORTH				<input type="checkbox"/> Outside City Limit																																																												
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																																																														
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<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.																																																								
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At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																																																						
Distance from Int. or Ref. Marker 1000				<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker		Street Desc. HWY		RRX Num.																																																								
Unit Num. 35		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State TX		LP Num. HFK4315		VIN 1G C 1 K X C 8 9 E F 1 2 7 2 5 9																																																								
Veh. Year 2014		6 Veh. Color WHI		Veh. Make CHEVROLET		Veh. Model SILVERADO		7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																										
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 807		9 DL Class C		10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 07/19/1990																																																								
Address (Street, City, State, ZIP) 1200 ALLIANCE BLVD RHOME TX 76078																																																																				
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<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		GUTHRIE NEAL WILLIAM		1200 ALLIANCE BLVD		RHOME TX 76078																																																												
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name AGRICULTURAL WORKERS MUTUAL		Fin. Resp. Num. A6TX000042																																																												
Fin. Resp. Phone Num.				27 Vehicle Damage Rating 1 12- FD-7				27 Vehicle Damage Rating 2 6- RD-7				Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																								
Towed By CORNISH TOWING				Towed To CORNISH TOWING																																																																
Unit Num. 36		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State TX		LP Num. NRW4472		VIN 1 F M F U 1 6 5 5 8 L A 8 6 7 5 7																																																								
Veh. Year 2008		6 Veh. Color WHI		Veh. Make FORD		Veh. Model EXPEDITION		7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																										
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 036		9 DL Class C		10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 10/11/1984																																																								
Address (Street, City, State, ZIP) 12525 HAVERHILL DR FORT WORTH TX 76244																																																																				
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<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		MURSALIN WALID		12525 HAVERHILL DR		FORT WORTH TX 76244																																																												
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE		Fin. Resp. Num. 936329750																																																												
Fin. Resp. Phone Num.				27 Vehicle Damage Rating 1 12- FD-7				27 Vehicle Damage Rating 2 3- RP-7				Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																								
Towed By ABC TOWING				Towed To ABC TOWING																																																																

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Case ID 210011068

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Crash ID

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	35	1	LOCAL HOSPITAL	SELF	/ /											
					/ /											
					/ /											
					/ /											
					/ /											
CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.												
DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address											
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.								
	Carrier's Corp. Name		Carrier's Primary Addr.				30 Veh. Type									
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type								
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No								
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles								
FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control		
								98	3	97	3	2	6	96		
NARRATIVE AND DIAGRAM	<p style="text-align: center;">DIAGRAM ON SEPARATE PAGE</p>															
INVESTIGATOR	Time Notified (24HR:MM)	0 6 2 0		How Notified	DISPATCH		Time Arrived (24HRMM)	0 6 4 0		Report Date (MM/DD/YYYY)	0 3 / 0 1 / 2 0 2 1					
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)		HARPER, G.		MARTIN, K		ID Num.	3380-3421							
ORI Num.	TX 2 2 0 1 2 0 0		*Agency		FORT WORTH POLICE DEPARTMENT							Service/Region/DA	C E N T R L			



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. 1 4 8 Total Num. 1 3 6 TxDOT Crash ID

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

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\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 37		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. KCM1666		VIN K N D M B 5 C 1 2 H 6 2 2 4 8 7 6					
Veh. Year 2017		6 Veh. Color SIL		Veh. Make KIA		Veh. Model SEDONA	
7 Body Style VN		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 853		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 08/20/1974			
Address (Street, City, State, ZIP) 10500 ARANSAS DR FORT WORTH TX 76131							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 1		13 Seat Position		14 Injury Severity	
15 Age 46		16 Sex W		17 Eject. 1		18 Restr. 1	
19 Airbag 5		20 Helmet 97		21 Sol. N		22 Alc. Spec. 96	
23 Drug Spec. 96		24 Drug Result 97		25 Drug Category 97			
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address THURMAN OPAL CHRISTINE		FORT WORTH TX 76131			
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name STATE FARM	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12"		FD-7		27 Vehicle Damage Rating 2 6"	
RD-7		Vehicle Inventoried <input checked="" type="checkbox"/> No					
Towed By MILNER TOWING		Towed To MILNER TOWING					
Unit Num. 38		5 Unit Desc. 4		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State	
LP Num.		VIN					
Veh. Year		6 Veh. Color		Veh. Make		Veh. Model	
7 Body Style		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99	
10 CDL End. 99		11 DL Rest. 99		DOB (MM/DD/YYYY) 10/22/1974			
Address (Street, City, State, ZIP) UNKNOWN UNKN UN UNK							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 4		13 Seat Position 16		14 Injury Severity K	
15 Age 46		16 Sex H		17 Eject. 97		18 Restr. 97	
19 Airbag 97		20 Helmet 97		21 Sol. N		22 Alc. Spec. 96	
23 Drug Spec. 96		24 Drug Result 97		25 Drug Category 97			
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address					
Proof of Fin. Resp. <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type		Fin. Resp. Name	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 -		-		27 Vehicle Damage Rating 2 -	
RD-7		Vehicle Inventoried <input type="checkbox"/> No					
Towed By		Towed To					





Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. 1 4 8 Total Num. 1 3 6 TxDOT Crash ID

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

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\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION	★ Crash Date (MM/DD/YYYY) 0 2 / 1 1 / 2 0 2 1		★ Crash Time (24HRMM) 0 6 0 0		Case ID 210011068		Local Use	
	★ County Name TARRANT				★ City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 3 2 . 7 9 5 1 3		Longitude (decimal degrees) - 0 9 7 . 3 2 2 7 7			
	ROAD ON WHICH CRASH OCCURRED							
VEHICLE, DRIVER, & PERSONS	★ 1 Rdwy. Sys. TL		★ Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
	3 Street Prefix		★ Street Name		4 Street Suffix			
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Workers Present <input checked="" type="checkbox"/> No		Street Desc.					
	INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
	At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
	Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
	Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
	Street Desc. HWY		RRX Num.					
	Unit Num. 39		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State IN	
LP Num. 2839769		VIN 3 A K J H L D V 9 M S M G 0 5 6 5						
Veh. Year 2 0 2 1		6 Veh. Color WHI		Veh. Make FREIGHTLINER		Veh. Model UNKNOWN		
7 Body Style TR		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)						
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 911		9 DL Class A		
10 CDL End. H		11 DL Rest. P27		DOB (MM/DD/YYYY) 0 8 / 2 3 / 1 9 7 9				
Address (Street, City, State, ZIP) 1704 GRIFFIN LN MANSFIELD TX 76063								
Person Num.		12 Psn. Type		13 Seat Position		Name: Last, First, Middle		
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity		Age		15 Ethnicity		
16 Sex		17 Eject.		18 Restr.		19 Airbag		
20 Helmet		21 Sol.		22 Alc. Spec.		23 Alc. Result		
24 Drug Spec.		25 Drug Result		26 Drug Result		27 Drug Category		
1		1		1		VAL ERNST		
N		41		W		1		
1		1		1		1		
97		N		96		96		
97		97		97		97		
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.								
<input checked="" type="checkbox"/> Owner		Owner/Lessee Name & Address		JB HUNT TRANSPORT INC		LOWELL AR 72745		
<input type="checkbox"/> Lessee		Name & Address		615 JB HUNT CORP DR				
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ACE AMERICAN INS.		
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		11 - LFG - 7		27 Vehicle Damage Rating 2		
1 - RFQ - 7		Vehicle Inventoried <input checked="" type="checkbox"/> No						
Towed By BEARDS TOWING		Towed To 1150 INTERMODAL PKWY						
Unit Num. 40		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State OK		
LP Num. 1631JJ		VIN L J R C 5 4 2 6 0 C 1 0 0 2 2 4 7						
Veh. Year 2 0 1 2		6 Veh. Color ONG		Veh. Make CIMC TRAILERS		Veh. Model NOT APPLICABLE		
7 Body Style TL		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)						
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class		
10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)				
Address (Street, City, State, ZIP)								
Person Num.		12 Psn. Type		13 Seat Position		Name: Last, First, Middle		
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity		Age		15 Ethnicity		
16 Sex		17 Eject.		18 Restr.		19 Airbag		
20 Helmet		21 Sol.		22 Alc. Spec.		23 Alc. Result		
24 Drug Spec.		25 Drug Result		26 Drug Result		27 Drug Category		
1		1		1		1		
1		1		1		1		
1		1		1		1		
1		1		1		1		
1		1		1		1		
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.								
<input checked="" type="checkbox"/> Owner		Owner/Lessee Name & Address		JB HUNT TRANSPORT INC		LOWELL AR 72745		
<input type="checkbox"/> Lessee		Name & Address		615 JB HUNT CORP DR				
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ACE AMERICAN INS		
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		- BD - 2		27 Vehicle Damage Rating 2		
- BR - 2		Vehicle Inventoried <input checked="" type="checkbox"/> No						
Towed By BEARDS TOWING		Towed To 1150 INTERMODAL PKWY						

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)Case  
ID 210011068TxDOT  
Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)	
						/ /	
						/ /	
						/ /	
						/ /	
						/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	10,001+ LBS.	TRANSPORTING HAZARDOUS MATERIAL	9+ CAPACITY	CMV Disabling Damage?	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
	39	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1	1	00800806
	Carrier's Corp. Name JB HUNT							
	Carrier's Primary Addr. 1150 INTERMODAL PKWY HASLET TX 76052							
	30 Veh. Type 5							

FACTORS & CONDITIONS	Unit Num.	31 Bus Type	RGVW	GVWR	5,200	HazMat Released	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	CMV Disabling Damage?	34 Trlr. Type	CMV Disabling Damage?	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	Actual Gross Weight	Total Num. Axles	
	40	0	<input type="checkbox"/> RGVW <input checked="" type="checkbox"/> GVWR	5,200	0	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					3	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	98						
	36 Contributing Factors (Investigator's Opinion)																					
	37 Vehicle Defects (Investigator's Opinion)										Environmental and Roadway Conditions											
	Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control										
					98	3	97	3	2	6	96											

NARRATIVE AND DIAGRAM	Time Notified (24HR:MM)		How Notified	Time Arrived (24HRMM)	Report Date (MM/DD/YYYY)												
	0	6	2	0	DISPATCH	0	6	4	0	0	3	0	1	2	0	2	1
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
	Investigator Name (Printed) HARPER, G. MARTIN, K																
	ID Num. 3380-3421																

INVESTIGATOR	ORI Num.	Agency	Service/ Region/DA
	T X 2 2 0 1 2 0 0	FORT WORTH POLICE DEPARTMENT	C E N T R L

DIAGRAM ON SEPARATE PAGE

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE ☐ SCHOOL ZONETotal  
Num. 1 4 8  
Units  
Total  
Num. 1 3 6  
Prsns.  
TxDOT  
Crash ID

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

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\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																														
	*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit																												
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																																
	ROAD ON WHICH CRASH OCCURRED																																				
VEHICLE, DRIVER, & PERSONS	*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600		3 Street Prefix		*Street Name		4 Street Suffix																								
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.																										
	INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																				
	At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																						
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker		Street Desc. HWY		RRX Num.																											
Unit Num. 41		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State TX		LP Num. R400997		VIN 1XPHD49X7ED227408																									
Veh. Year 2014		6 Veh. Color BLU		Veh. Make PETERBILT		Veh. Model UNKNOWN		7 Body Style TR		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																											
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 658		9 DL Class A		10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 02/13/1991																									
Address (Street, City, State, ZIP) 3304 SAN ESTEBAN ST MISSION TX 78572																																					
Person Num. 1		12 Psn. Type 1		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line				14 Injury Severity		Age		15 Ethnicity		16 Sex		17 Eject.		18 Restr.		19 Airbag		20 Helmet		21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.		24 Drug Result		25 Drug Category	
1		1		1		DURAN JOSE BRENT				B		29		H		1		1		1		1		97		N		96		96		97		97			
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		G.G'S PRODUCE 2305 E TRENTON RD EDINBURG TX 78542																																	
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name		UNITED WISCONSIN INS. CO.										Fin. Resp. Num.		UWPGA249602																	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		12"		FD-7		27 Vehicle Damage Rating 2		11"		LD-7		Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																							
Towed By ABC TOWING		Towed To		6831 OLD RANDOL MILL RD																																	
Unit Num. 42		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State TX		LP Num. 055C370		VIN 1UYV S25327U130350																									
Veh. Year 2020		6 Veh. Color WHI		Veh. Make UTILITY TRAILER MFG		Veh. Model NOT APPLICABLE		7 Body Style TL		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																											
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class		10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)																									
Address (Street, City, State, ZIP)																																					
Person Num.		12 Psn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line				14 Injury Severity		Age		15 Ethnicity		16 Sex		17 Eject.		18 Restr.		19 Airbag		20 Helmet		21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.		24 Drug Result		25 Drug Category	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		I.GARZA LLC 2305 E TRENTON RD EDINBURG TX 78542																																	
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name		UNITED WISCONSIN INS CO										Fin. Resp. Num.		UWPGA249602																	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		-		BL-5		27 Vehicle Damage Rating 2		-		LFQ-3		Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																							
Towed By ABC TOWING		Towed To		6831 OLD RANDOL MILL RD																																	

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	41	1	LOCAL HOSPITAL	SELF	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

CMV	Unit Num.	<input checked="" type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type	
	41						1	1	02813179	6	
	Carrier's Corp. Name G.G'S PRODUCE										
	Carrier's Primary Addr. 2305 E TRENTON RD EDINBURG TX 78542										
	31 Bus Type	<input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GVWR	5,120	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	
42	<input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GVWR	6,500	34 Trlr. Type	1	CMV Disabling Damage?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1	98	35 Seq. 2		35 Seq. 3		35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
										98	3	97	3	2	6	96

NARRATIVE AND DIAGRAM	NARRATIVE AND DIAGRAM															

INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	0	1	2	0	2	1
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) HARPER, G. MARTIN, K																		
	ORI Num.	T X 2 2 0 1 2 0 0 *Agency FORT WORTH POLICE DEPARTMENT																			

ID Num.	3380-3421	Service/ Region/DA	C	E	N	T	R	L

DIAGRAM ON SEPARATE PAGE



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. 1 4 8	Total Num. 1 3 6	TxDOT Crash ID
Units	Prns.	

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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Refer to Attached Code Sheet for Numbered Fields

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 43		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. HDK4494		VIN 5FN3YF3H79DB013793					
Veh. Year 2013		6 Veh. Color WHI		Veh. Make HONDA		7 Body Style SV	
<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)							
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 737		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 08/23/1985			
Address (Street, City, State, ZIP) 1205 MESA CREST DR				HASLET TX 76052			
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: FALKENBERG ALICIA MARRIE	
14 Injury Severity N		Age 35		15 Ethnicity W		16 Sex 2	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97							
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address FALKENBERG -ALICIA MARRIE		HASLET TX 76052			
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name USAA	
27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 6-		RD-7	
Vehicle Inventoried <input checked="" type="checkbox"/> No							
Towed By PURFECT TOWING				Towed To PURFECT TOWING			
Unit Num. 44		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State UN	
LP Num.		VIN					
Veh. Year 2021		6 Veh. Color gg		Veh. Make UNKNOWN		7 Body Style 99	
<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)							
8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99	
10 CDL End. 99		11 DL Rest. 99		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP) UNKNOWN				UNK UNK			
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Prsn. Type 99		13 Seat Position 1		Name: UNKNOWN UNK UNK	
14 Injury Severity 99		Age 99		15 Ethnicity 99		16 Sex 99	
17 Eject. 99		18 Restr. 99		19 Airbag 99		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97							
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address UNKNOWN UNK UNK		UNK UNK UNK			
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type		Fin. Resp. Name	
27 Vehicle Damage Rating 1 -		-		27 Vehicle Damage Rating 2 -		-	
Vehicle Inventoried <input checked="" type="checkbox"/> No							
Towed By				Towed To			

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Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)															
					/ /																
					/ /																
					/ /																
					/ /																
					/ /																
CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.																	
DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address																	
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.													
	Carrier's Corp. Name		Carrier's Primary Addr.				30 Veh. Type														
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat-Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type													
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No													
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles													
FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions												
	Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control									
						98	3	97	3	2	6	96									
NARRATIVE AND DIAGRAM	<p style="text-align: center;">DIAGRAM ON SEPARATE PAGE</p>																				
INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HRMM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	0	1	2	0	2	1
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)		HARPER, G.		MARTIN, K		ID Num.	3380-3421			Service/Region/DA	C			E	N	T	R	L	
	ORI Num.	TX 22012000				Agency				FORT WORTH POLICE DEPARTMENT											

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Total Num. 1 4 8 Total Num. 1 3 6 TxDOT Crash ID

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

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\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																												
	*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit																										
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																														
	ROAD ON WHICH CRASH OCCURRED																																		
VEHICLE, DRIVER, & PERSONS	*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600		3 Street Prefix		*Street Name		4 Street Suffix																						
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.																								
	INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																		
	At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																				
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker		Street Desc. HWY		RRX Num.																									
Unit Num. 45		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State TX		LP Num. LRS7914		VIN K M 8 J 3 3 A 2 9 J U 8 2 9 8 0 1																							
Veh. Year 2018		6 Veh. Color GRY		Veh. Make HYUNDAI		Veh. Model TUCSON		7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																									
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 915		9 DL Class C		10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 06/05/1991																							
Address (Street, City, State, ZIP) 1215 CARAWAY LN HASLET TX 76052																																			
Person Num. 1		12 Psn. Type 1		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line		14 Injury Severity		Age		15 Ethnicity		16 Sex		17 Eject.		18 Restr.		19 Airbag		20 Helmet		21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.		24 Drug Result		25 Drug Category	
1		1		1		SHAABANI SARAH DANIELLE		N		29		W		2		1		1		5		97		N		96				96		97		97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																			
<input checked="" type="checkbox"/> Owner		Owner/Lessee		SHAABANI SARAH DANIELLE		HASLET TX 76052																													
<input type="checkbox"/> Lessee		Name & Address		1215 CARAWAY LN																															
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name COLONIAL COUNTY MUTUAL		Fin. Resp. Num. 7842J158682																											
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 -		27 Vehicle Damage Rating 2 -		Vehicle Inventoried <input checked="" type="checkbox"/> No																													
Towed By PERFECT TOWING		Towed To PERFECT TOWING																																	
Unit Num. 46		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State TX		LP Num. KWZ8350		VIN J T H B A 1 D 2 0 H 5 0 4 4 0 1 8																							
Veh. Year 2017		6 Veh. Color GRY		Veh. Make LEXUS		Veh. Model IS 250		7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																									
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 350		9 DL Class C		10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 07/26/1969																							
Address (Street, City, State, ZIP) 918 FOREST PARK CT KELLER TX 76248																																			
Person Num. 1		12 Psn. Type 1		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line		14 Injury Severity		Age		15 Ethnicity		16 Sex		17 Eject.		18 Restr.		19 Airbag		20 Helmet		21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.		24 Drug Result		25 Drug Category	
1		1		1		MOONEY KAREN MARIE		A		51		W		2		1		1		5		97		N		96				96		97		97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																			
<input checked="" type="checkbox"/> Owner		Owner/Lessee		MOONEY KAREN MARIE		KELLER TX 76248																													
<input type="checkbox"/> Lessee		Name & Address		918 FOREST PARK CT																															
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name STATE FARM		Fin. Resp. Num. 377 6701 L12 43N 003																											
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 12-		RD-7		Vehicle Inventoried <input checked="" type="checkbox"/> No																									
Towed By CORNISH TOWING		Towed To CORNISH TOWING																																	

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Form CR-3 (Rev. 1/1/2018)Case  
ID 210011068TxDOT  
Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	46	1	MEDICAL CITY ALLIANCE	MEDSTAR	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type		
	Carrier's Corp. Name	Carrier's Primary Addr.										
	31 Bus Type	<input type="checkbox"/> RGW <input type="checkbox"/> GVWR			HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	
	Unit Num.	<input type="checkbox"/> RGW <input type="checkbox"/> GVWR			34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
										98	3	97	3	2	6	96

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE															

INVESTIGATOR	Time Notified (24HR:MM)				How Notified	Time Arrived (24HRMM)				Report Date (MM/DD/YYYY)									
		0	6	2	0	DISPATCH		0	6	4	0	0	3	0	1	2	0	2	1
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)				HARPER, G.				MARTIN, K				ID Num.	3380-3421			
ORI Num.	TX 22012000				*Agency				FORT WORTH POLICE DEPARTMENT				Service/ Region/DA	CENTRL					



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. 1 4 8	Total Num. 1 3 6	TxDOT Crash ID
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## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

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\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 0 2 / 1 1 / 2 0 2 1		*Crash Time (24HRMM) 0 6 0 0		Case ID 210011068		Local Use																																																																			
	*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit																																																																	
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 3 2 . 7 9 5 1 3		Longitude (decimal degrees) - 0 9 7 . 3 2 2 7 7																																																																					
	ROAD ON WHICH CRASH OCCURRED																																																																									
VEHICLE, DRIVER, & PERSONS	*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600		3 Street Prefix		*Street Name		4 Street Suffix																																																													
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.																																																															
	INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																																									
	At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																																																											
	Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker		Street Desc. HWY		RRX Num.																																																															
	Unit Num. 47		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State TX		LP Num. MKY0118		VIN 1 G Y F Z E R 4 1 K F 1 1 9 2 0 5																																																													
	Veh. Year 2 0 1 9		6 Veh. Color BLK		Veh. Make CADILLAC		Veh. Model XTS		7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																															
	8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 361		9 DL Class C		10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 0 6 / 0 6 / 1 9 8 8																																																													
	Address (Street, City, State, ZIP) 6001 HARWICH LN FORT WORTH TX 76179																																																																									
	<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Psn. Type</th> <th>13 Seat Position</th> <th colspan="3">Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>DAVIS</td> <td>AMANDA</td> <td>MICHELLE</td> <td>B</td> <td>32</td> <td>W</td> <td>2</td> <td>1</td> <td>1</td> <td>5</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="14"></td> <td colspan="6">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>														Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line			14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	DAVIS	AMANDA	MICHELLE	B	32	W	2	1	1	5	97	N	96		96	97	97															Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line			14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																																							
1	1	1	DAVIS	AMANDA	MICHELLE	B	32	W	2	1	1	5	97	N	96		96	97	97																																																							
														Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																												
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address DAVIS AMANDA MICHELLE 6001 HARWICH LN FORT WORTH TX 76179																																																																										
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> Exempt Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name USAA Fin. Resp. Num. 028276844 7103																																																																										
Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 6- RD-7 Vehicle Inventoried <input checked="" type="checkbox"/> No																																																																										
Towed By CORNISH TOWING Towed To CORNISH TOWING																																																																										
VEHICLE, DRIVER, & PERSONS	Unit Num. 48		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State TX		LP Num. LMT7382		VIN 3 C 6 R R 6 L T 2 H G 5 3 0 1 0 4																																																													
	Veh. Year 2 0 1 7		6 Veh. Color GRY		Veh. Make DODGE		Veh. Model RAM 1500		7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																															
	8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 917		9 DL Class C		10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 0 2 / 0 6 / 1 9 6 9																																																													
	Address (Street, City, State, ZIP) 833 STAFFORD STATION DR SAGINAW TX 76131																																																																									
	<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Psn. Type</th> <th>13 Seat Position</th> <th colspan="3">Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>GENUALDO</td> <td>PAUL</td> <td>RICHARD</td> <td>C</td> <td>52</td> <td>W</td> <td>1</td> <td>1</td> <td>1</td> <td>5</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="14"></td> <td colspan="6">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>														Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line			14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	GENUALDO	PAUL	RICHARD	C	52	W	1	1	1	5	97	N	96		96	97	97															Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
	Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line			14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																																						
	1	1	1	GENUALDO	PAUL	RICHARD	C	52	W	1	1	1	5	97	N	96		96	97	97																																																						
															Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																											
	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address GENUALDO PAUL RICHARD 833 STAFFORD STATION DR SAGINAW TX 76131																																																																									
	Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> Exempt Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name FARMERS INSURANCE Fin. Resp. Num. 45006011																																																																									
Fin. Resp. Phone Num. 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 6- RD-7 Vehicle Inventoried <input checked="" type="checkbox"/> No																																																																										
Towed By ADVANCED TOWING Towed To ADVANCED TOWING																																																																										



Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	47	1	LOCAL HOSPITAL	SELF	/ /	
	48	1	LOCAL HOSPITAL	SELF	/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
	Carrier's Corp. Name			Carrier's Primary Addr.			30 Veh. Type		
	31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
										98	3	97	3	2	6	96

NARRATIVE AND DIAGRAM	INVESTIGATOR															
	Time Notified (24HR:MM)				How Notified				Time Arrived (24HR:MM)				Report Date (MM/DD/YYYY)			
	0 6 2 0				DISPATCH				0 6 4 0				0 3 / 0 1 / 2 0 2 1			
	Invest. Comp.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Investigator Name (Printed)				HARPER, G. MARTIN, K				ID Num. 3380-3421			
ORI Num.		TX 2 2 0 1 2 0 0		Agency				FORT WORTH POLICE DEPARTMENT				Service/Region/DA				
												CENTRL				

DIAGRAM ON SEPARATE PAGE

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. 1 4 8 Total Num. 1 3 6 TxDOT Crash ID

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

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\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																																																												
	*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit																																																										
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																																																														
	ROAD ON WHICH CRASH OCCURRED																																																																		
VEHICLE, DRIVER, & PERSONS	*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600		3 Street Prefix		*Street Name		4 Street Suffix																																																						
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.																																																								
	INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																																		
	At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																																																				
	Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker		Street Desc. HWY		RRX Num.																																																								
	Unit Num. 49		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State AR		LP Num. K810521		VIN 3AKJGLDR1KDKN3177																																																								
	Veh. Year 2019		6 Veh. Color GRY		Veh. Make FREIGHTLINER		Veh. Model UNKNOWN		7 Body Style TT		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																								
	8 DL/ID Type 1		DL/ID State MX		DL/ID Num. 506		9 DL Class 98		10 CDL End. 98		11 DL Rest. 98		DOB (MM/DD/YYYY) 09/26/1983																																																						
	Address (Street, City, State, ZIP) HACIENDA RALDEA 131 GARCIA MX NL6600																																																																		
	<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Psn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>GARCIA RODRIGUEZ HECTOR FERNANDO</td> <td>C</td> <td>37</td> <td>H</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>														Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	GARCIA RODRIGUEZ HECTOR FERNANDO	C	37	H	1	1	1	1	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																
Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																																		
1	1	1	GARCIA RODRIGUEZ HECTOR FERNANDO	C	37	H	1	1	1	1	97	N	96		96	97	97																																																		
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																																			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address RICH TRANSPORT LLC 6011 SCOTT HAMMILTON DR LITTLE ROCK AR 72209 Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name UNITED SPECIALTY Fin. Resp. Phone Num. EEXBRS0010 27 Vehicle Damage Rating 1 8- LBQ-5 27 Vehicle Damage Rating 2 2- RD-4 Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Towed By EDDS TOWING Towed To RICH TRANSPORT LLC 4444 IRVING BLVD																																																																			
VEHICLE, DRIVER, & PERSONS	Unit Num. 50		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State OK		LP Num. 9931KJ		VIN 3H3V532C6FT280408																																																								
	Veh. Year 2015		6 Veh. Color WHI		Veh. Make HYUNDAI STEEL INDUSTRIES		Veh. Model NOT APPLICABLE		7 Body Style TL		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																								
	8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class		10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)																																																						
	Address (Street, City, State, ZIP)																																																																		
	<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Psn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>														Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																		
	Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																																	
	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																																		
	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address RICH TRANSPORT LLC 6011 SCOTT HAMMILTON DR LITTLE ROCK AR 72209 Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name UNITED SPECIALTY Fin. Resp. Phone Num. EEXBRS0010 27 Vehicle Damage Rating 1 6- RD-6 27 Vehicle Damage Rating 2 12- FD-3 Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Towed By EDDS TOWING Towed To RECH TRANSPORT																																																																		

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	49	1	ON SITE	MEDSTAR	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

CMV	Unit Num.	10,001+ LBS.	TRANSPORTING HAZARDOUS MATERIAL	9+ CAPACITY	CMV Disabling Damage?	Yes No	28 Veh. Oper.	1	29 Carrier ID Type	1	Carrier ID Num.	03057789		
	31 Bus Type	0	<input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GVWR	5,235,0	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.		HazMat ID Num.		32 HazMat Class Num.		HazMat ID Num.	
	33 Cargo Body Type													
	Unit Num.	50	<input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GVWR	6,800,0	34 Trlr. Type	1	CMV Disabling Damage?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.		<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		34 Trlr. Type	
	Sequence Of Events		35 Seq. 1	98	35 Seq. 2		35 Seq. 3		35 Seq. 4		Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Unit #	Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
										98	3	97	3	2	6	96

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE															

INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HRMM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	0	1	2	0	2	1	
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					Investigator Name (Printed)	HARPER, G.					MARTIN, K					ID Num.	3380-3421			
	ORI Num.	TX 2201200				Agency	FORT WORTH POLICE DEPARTMENT										Service/ Region/DA	CENTRL				

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. 1 4 8 Total Num. 1 3 6 TxDOT Crash ID

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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Refer to Attached Code Sheet for Numbered Fields

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																										
	*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit																								
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																												
	ROAD ON WHICH CRASH OCCURRED																																
VEHICLE, DRIVER, & PERSONS	*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600		3 Street Prefix		*Street Name		4 Street Suffix																				
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.																						
	INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																
	At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1-Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																		
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker		Street Desc. HWY		RRR Num.																							
Unit Num. 51		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State KS		LP Num. 198172		VIN 1XKYD P 9 X 2 L J 4 1 3 0 1 0																					
Veh. Year 2020		6 Veh. Color BLK		Veh. Make KENWORTH		Veh. Model UNKNOWN		7 Body Style TT		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																							
8 DL/ID Type 1		DL/ID State KS		DL/ID Num. 893		9 DL Class 98		10 CDL End. 98		11 DL Rest. 98		DOB (MM/DD/YYYY) 08/01/1969																					
Address (Street, City, State, ZIP) 1817 EAST 24TH AVE #7 HUTCHINSON KS 67502																																	
Person Num. 1		12 Psn. Type 1		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line		14 Injury Severity C		Age 51		15 Ethnicity W		16 Sex 1		17 Eject 1		18 Restr. 1		19 Airbag 97		20 Helmet 97		21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97		25 Drug Category 97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																	
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		SUN VALLEY INC		1601 E BLANCHARD AVE		HUTCHINSON KS 67501																									
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ARCH INS		Fin. Resp. Num. ZACAT5205100																									
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		12"		FD-6		27 Vehicle Damage Rating 2		9"		LD-5		Vehicle Inventoried <input checked="" type="checkbox"/> No																			
Towed By BEARDS TOWING		Towed To BEARDS TOWING																															
Unit Num. 52		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State KS		LP Num. C397603		VIN 1W14452A2M7720508																					
Veh. Year 2021		6 Veh. Color SIL		Veh. Make WILSON TRAILER CO		Veh. Model NOT APPLICABLE		7 Body Style TL		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																							
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class		10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)																					
Address (Street, City, State, ZIP)																																	
Person Num.		12 Psn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line		14 Injury Severity		Age		15 Ethnicity		16 Sex		17 Eject		18 Restr.		19 Airbag		20 Helmet		21 Sol.		22 Alc. Spec.		23 Drug Spec.		24 Drug Result		25 Drug Category	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																	
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		SUN VALLEY INC		1601 E BLANCHARD AVE		HUTCHINSON KS 67501																									
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ARCH INS		Fin. Resp. Num. ZACAT5205100																									
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		6"		RD-6		27 Vehicle Damage Rating 2		12"		FD-6		Vehicle Inventoried <input checked="" type="checkbox"/> No																			
Towed By BEARDS TOWING		Towed To BEARDS TOWING																															

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)															
	51	1	LOCAL HOSPITAL	SELF	/ /																
					/ /																
					/ /																
					/ /																
					/ /																
CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.																	
DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address																	
CMV	Unit Num.	10,001+ LBS.	TRANSPORTING HAZARDOUS MATERIAL	9+ CAPACITY	CMV Disabling Damage?	Yes	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type											
	51	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No	1	1	01292112	8											
	Carrier's Corp. Name	SUN VALLEY INC		Carrier's Primary-Addr.	1601 E BLANCHARD AVE		HUTCHINSON		KS	67501											
	31 Bus Type	0	RGVW	5,3,2,0,0	HazMat Released	<input type="checkbox"/>	Yes	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	10								
	Unit Num.	52	RGVW	8,5,5,0,0	34 Trlr. Type	2	CMV Disabling Damage?	<input checked="" type="checkbox"/>	Yes	Unit Num.	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/>	No							
FACTORS & CONDITIONS	Sequence Of Events	35 Seq. 1	98	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/>	Yes	Actual Gross Weight	Total Num. Axles:										
	36 Contributing Factors (Investigator's Opinion)		37 Vehicle Defects (Investigator's Opinion)		Environmental and Roadway Conditions																
	Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather-Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control									
NARRATIVE AND DIAGRAM	<p style="text-align: center;">DIAGRAM ON SEPARATE PAGE</p>																				
INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HRMM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	0	1	2	0	2	1
	Invest. Comp.	<input checked="" type="checkbox"/>	Yes	Investigator Name (Printed)	HARPER, G.		MARTIN, K		ID Num.	3380-3421											
	ORI Num.	TX 22012000				Agency	FORT WORTH POLICE DEPARTMENT														
													Service/Region/DA	CENTRL							



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. 1 4 8	Total Num. 1 3 6	TxDOT Crash ID
------------------	------------------	----------------

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

Page 53 of 149

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																																																																			
	*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit																																																																	
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																																																																			
	ROAD ON WHICH CRASH OCCURRED																																																																									
VEHICLE, DRIVER, & PERSONS	*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600		3 Street Prefix		*Street Name		4 Street Suffix																																																													
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.																																																													
	INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																																									
	At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																																																											
	Distance from Int. or Ref. Marker 1000				<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker		Street Desc. HWY		RRX Num.																																																													
	Unit Num. 53		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State IN		LP Num. AMF699		VIN K L 7 9 M R S L 1 M B 0 5 9 9 0 0																																																													
	Veh. Year 2021		6 Veh. Color BLU		Veh. Make CHEVROLET		Veh. Model TRAILBLAZER		7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																															
	8 DL/ID Type 1		DL/ID State IN		DL/ID Num. 027		9 DL Class 98		10 CDL End. 98		11 DL Rest. 98		DOB (MM/DD/YYYY) 07/09/1994																																																													
	Address (Street, City, State, ZIP) 2064 BLISS RD FORT WORTH TX 76177																																																																									
	<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Psn. Type</th> <th>13 Seat Position</th> <th colspan="3">Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>MATTINGLY</td> <td>MEGHAN</td> <td>MIKAYLA</td> <td>N</td> <td>26</td> <td>W</td> <td>2</td> <td>1</td> <td>1</td> <td>5</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="14"></td> <td colspan="6">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>														Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line			14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	MATTINGLY	MEGHAN	MIKAYLA	N	26	W	2	1	1	5	97	N	96		96	97	97															Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line			14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																																							
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<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address MATTINGLY MEGHAN MIKAYLA FORT WORTH TX 76177 2064 BLISS RD Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name ERIE INS Fin. Resp. Num. Q042914860 27 Vehicle Damage Rating 1 3- RP-7 27 Vehicle Damage Rating 2 10- FL-4 Vehicle Inventoried <input checked="" type="checkbox"/> No Towed By TEXAS TOWING Towed To TEXAS TOWING																																																																										
VEHICLE, DRIVER, & PERSONS	Unit Num. 54		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State TX		LP Num. DG6X580		VIN J T E B U 4 B F 3 B K 1 0 8 3 6 3																																																													
	Veh. Year 2011		6 Veh. Color SIL		Veh. Make TOYOTA		Veh. Model FJ CRUISER		7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																															
	8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 242		9 DL Class BM		10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 07/03/1990																																																													
	Address (Street, City, State, ZIP) 6006 MONTFORD DR COLLEYVILLE TX 76034																																																																									
	<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Psn. Type</th> <th>13 Seat Position</th> <th colspan="3">Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>MCDANIEL</td> <td>DWIGHT</td> <td>KERN</td> <td>B</td> <td>30</td> <td>B</td> <td>1</td> <td>1</td> <td>1</td> <td>5</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="14"></td> <td colspan="6">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>														Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line			14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	MCDANIEL	DWIGHT	KERN	B	30	B	1	1	1	5	97	N	96		96	97	97															Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
	Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line			14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																																						
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	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address MCDANIEL DWIGHT KERN COLLEYVILLE TX 76034 6006 MONTFORD DR Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name PROGRESSIVE Fin. Resp. Num. 926977813 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 6- RD-7 Vehicle Inventoried <input checked="" type="checkbox"/> No Towed By MILNER TOWING Towed To MILNER TOWING																																																																									

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Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	54	1	BAYLOR GRAPEVINE	SELF	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.			
	Carrier's Corp. Name		Carrier's Primary Addr.						30 Veh. Type			
	31 Bus Type	<input type="checkbox"/> RGWV	<input type="checkbox"/> GVWR	HazMat Released	<input type="checkbox"/> Yes	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type		
	Unit Num.	<input type="checkbox"/> RGWV	<input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes	Unit Num.	<input type="checkbox"/> RGWV	<input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes	Actual Gross Weight		Total Num. Axles:		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control		
								98	3	97	3	2	6	96		

NARRATIVE AND DIAGRAM	<p style="text-align: center;">DIAGRAM ON SEPARATE PAGE</p>													

INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	0	1	2	0	2	1					
	Invest. Comp.	<input checked="" type="checkbox"/> Yes	Investigator Name (Printed)		HARPER, G.		MARTIN, K		ID Num.		3380-3421		Service/Region/DA		C		E		N		T		R		L	
	ORI Num.	TX		2		2		0		1		2		0		0		Agency		FORT WORTH POLICE DEPARTMENT						

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE ☐ SCHOOL ZONETotal  
Num. 1 4 8  
Units  
Total  
Num. 1 3 6  
Prsns.  
TxDOT  
Crash ID

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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Refer to Attached Code Sheet for Numbered Fields

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 55		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. 1433505		VIN 1F M5 K8 A W9 L G C 1 4 3 5 0					
Veh. Year 2020		6 Veh. Color BLK		Veh. Make FORD		Veh. Model EXPLORER	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 228		9 DL Class CM	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 08/17/1970			
Address (Street, City, State, ZIP) 505 W FELIX ST FORT WORTH TX 76115							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: HERNANDEZ RENE	
14 Injury Severity N		Age 50		Ethnicity H		Sex 2	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97							
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		CITY OF FORT WORTH 2500-BRENNAN AVE		FORT WORTH TX 76106	
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name SELF	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 9-		LP-6		27 Vehicle Damage Rating 2 -	
Vehicle Inventoried <input checked="" type="checkbox"/> No							
Towed By TEXAS TOWING		Towed To CITY OF FORT WORTH IMPOUND					
Unit Num. 56		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State UN	
LP Num.		VIN					
Veh. Year 2021		6 Veh. Color GRAY		Veh. Make TOYOTA		Veh. Model UNKNOWN	
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99	
10 CDL End. 99		11 DL Rest. 99		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP) UNKNOWN UNKNOWN UNK							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Prsn. Type 99		13 Seat Position 99		Name: UNKNOWN UNK UNKNOWN	
14 Injury Severity 99		Age 99		Ethnicity 99		Sex 1	
17 Eject. 99		18 Restr. 5		19 Airbag 97		20 Helmet N	
21 Sol. 96		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97							
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		UNKNOWN UNK UNKNOWN		UNKNOWN UNK UNK	
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type		Fin. Resp. Name	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 6-		RD-7		27 Vehicle Damage Rating 2 12-	
FD-7		Vehicle Inventoried <input checked="" type="checkbox"/> No					
Towed By TEXAS TOWING		Towed To TEXAS TOWING					

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Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)										
					/ /											
					/ /											
					/ /											
					/ /											
					/ /											
CHARGES	Unit Num.	Prsn. Num.	Charge			Citation/Reference Num.										
DAMAGE	Damaged Property Other Than Vehicles			Owner's Name		Owner's Address										
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.								
	Carrier's Corp. Name			Carrier's Primary Addr.			30 Veh. Type									
	31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type								
	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No								
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles								
FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing		May Have Contrib.	Contributing		May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control		
								98	3	97	3	2	6	96		
NARRATIVE AND DIAGRAM	<p style="text-align: center;">DIAGRAM ON SEPARATE PAGE</p>															
INVESTIGATOR	Time Notified (24HR:MM)	0 6 2 0		How Notified	DISPATCH				Time Arrived (24HRMM)	0 6 4 0		Report Date (MM/DD/YYYY)	0 3 / 0 1 / 2 0 2 1			
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) HARPER, G. MARTIN, K				ID Num. 3380-3421										
	ORI Num. T X 2 2 0 1 2 0 0	Agency FORT WORTH POLICE DEPARTMENT				Service/Region/DA C E N T R L										



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. 1 4 8 Total Num. 1 3 6 TxDOT Crash ID

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

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\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 57		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. R110574		VIN 1FUJGE B G 1 G L G Z 6 9 7 6					
Veh. Year 2016		6 Veh. Color WHI		Veh. Make FREIGHTLINER		Veh. Model CASCADIA 125	
7 Body Style TT		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 659		9 DL Class A	
10 CDL End. NTH		11 DL Rest. P27		DOB (MM/DD/YYYY) 11/08/1984			
Address (Street, City, State, ZIP) 6078 COPPERFIELD DR #411 FORT WORTH TX 76132							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num.		12 Prsn. Type		13 Seat Position		14 Injury Severity	
Age		15 Ethnicity		16 Sex		17 Eject.	
18 Restr.		19 Airbag		20 Helmet		21 Sol.	
22 Alc. Spec.		Alc. Result		23 Drug Spec.		24 Drug Result	
25 Drug Category							
1		1		1		WILLIAMS CODY SLOAN	
B		36		W		1	
1		1		1		1	
1		97		N		96	
96		97		97		97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address GO TO LOGISTICS INC 2233 N WEST ST RIVER GROVE IL 60171							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name -ARCH INS	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		12-		FD-6	
27 Vehicle Damage Rating 2		-		-		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By MILNER TOWING		Towed To 6320 EDEN DR, FORT WORTH					
Unit Num. 58		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State IL	
LP Num. 418014ST		VIN 1UYV S 2 5 3 0 B M 1 4 4 2 0 7					
Veh. Year 2011		6 Veh. Color WHI		Veh. Make UTILITY TRAILER MFG		Veh. Model NOT APPLICABLE	
7 Body Style TL		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class	
10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP)							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num.		12 Prsn. Type		13 Seat Position		14 Injury Severity	
Age		15 Ethnicity		16 Sex		17 Eject.	
18 Restr.		19 Airbag		20 Helmet		21 Sol.	
22 Alc. Spec.		Alc. Result		23 Drug Spec.		24 Drug Result	
25 Drug Category							
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address GO TO LOGISTICS INC 1215 DUNAMON DR BARTLETT IL 60103							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ARCH INS	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		5-		RP-3	
27 Vehicle Damage Rating 2		-		-		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By MILNER TOWING		Towed To 6320 EDEN RD, FORT WORTH					



Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	57	1		PERSONAL DR	SELF	/ /
					/ /	
					/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	10,001+ LBS.	TRANSPORTING HAZARDOUS MATERIAL	9+ CAPACITY	CMV Disabling Damage?	Yes	No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type					
		57	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	2	1	01500245	8				
	Carrier's Corp. Name		Carrier's Primary Addr.		RIVER GROVE IL 60171											
	31 Bus Type	<input type="checkbox"/> RGWV	<input checked="" type="checkbox"/> GVWR	5,200	HazMat Released	<input type="checkbox"/> Yes	<input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type				
	0											3				
	Unit Num.	<input type="checkbox"/> RGWV	<input checked="" type="checkbox"/> GVWR	6,500	34 Trlr. Type	2	CMV Disabling Damage?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV	<input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	58															
	Sequence Of Events	35 Seq. 1	98	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Actual Gross Weight		Total Num. Axles				

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
									98	3	97	3	2	6	96	

NARRATIVE AND DIAGRAM	Time Notified (24HR:MM)		How Notified	Time Arrived (24HR:MM)		Report Date (MM/DD/YYYY)											
		0	6	2	0	DISPATCH	0	6	4	0	0	3	0	1	2	0	2

INVESTIGATOR	Invest. Comp.	Yes	No	Investigator Name (Printed)	HARPER, G.	MARTIN, K	ID Num.	3380-3421
		<input checked="" type="checkbox"/>						

ORI Num.	T	X	2	2	0	1	2	0	0	Agency	FORT WORTH POLICE DEPARTMENT	Service/Region/DA	C	E	N	T	R	L

DIAGRAM ON SEPARATE PAGE

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. 1 4 8	Total Num. 1 3 6	TxDOT Crash ID
------------------	------------------	----------------

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

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\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																																																													
	*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit																																																											
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																																																													
	ROAD ON WHICH CRASH OCCURRED																																																																			
VEHICLE, DRIVER, & PERSONS	*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600		3 Street Prefix		*Street Name		4 Street Suffix																																																							
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.																																																							
	INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																																			
	At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																																																					
	Distance from Int. or Ref. Marker 1000				<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker		Street Desc. HWY		RRX Num.																																																							
	Unit Num. 59		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State TX		LP Num. NPF2365		VIN 1GCG4YUEY2LF186920																																																							
	Veh. Year 2020		6 Veh. Color WHI		Veh. Make CHEVROLET		Veh. Model SILVERADO K3500		7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																									
	8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 103		9 DL Class C		10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 06/19/1986																																																							
	Address (Street, City, State, ZIP) 8120 HORSEMAN RD FORT WORTH TX 76131																																																																			
	<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Psn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>MEEK DEVIN KEMPER</td> <td>N</td> <td>34</td> <td>W</td> <td>1</td> <td>1</td> <td>1</td> <td>5</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>														Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	MEEK DEVIN KEMPER	N	34	W	1	1	1	5	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																																			
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<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address THELIN RECYCLING CO 5225 THELIN ST FORT WORTH TX 76115																																																																				
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> Exempt Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name UNITED FIRST CASUALTY Fin. Resp. Num. 85317311																																																																				
27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 6- RD-7 Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Inventoried <input checked="" type="checkbox"/> No																																																																				
Towed By BEARDS TOWING Towed To BEARDS TOWING																																																																				
VEHICLE, DRIVER, & PERSONS	Unit Num. 60		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State TX		LP Num. MWX4836		VIN 5NMS23AD7KH009447																																																							
	Veh. Year 2019		6 Veh. Color GRY		Veh. Make HYUNDAI		Veh. Model SANTA FE		7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																									
	8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 391		9 DL Class C		10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 04/08/1962																																																							
	Address (Street, City, State, ZIP) 11916 HICKORY CIR FORT WORTH TX 76244																																																																			
	<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Psn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>ROBERTSON ENID LYL</td> <td>A</td> <td>58</td> <td>W</td> <td>2</td> <td>1</td> <td>1</td> <td>5</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>														Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	ROBERTSON ENID LYL	A	58	W	2	1	1	5	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
	Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																																		
	1	1	1	ROBERTSON ENID LYL	A	58	W	2	1	1	5	97	N	96		96	97	97																																																		
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	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address ROBERTSON ENID LYL 11916 HICKORY CIR FORT WORTH TX 76244																																																																			
	Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> Exempt Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name ALLSTATE Fin. Resp. Num. 844885571																																																																			
27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 6- RD-7 Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Inventoried <input checked="" type="checkbox"/> No																																																																				
Towed By BEARDS TOWING Towed To BEARDS TOWING																																																																				

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)										
	60	1	BAYLOR	MEDSTAR 81	/ /											
					/ /											
					/ /											
					/ /											
					/ /											
CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.												
DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address												
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.								
	Carrier's Corp. Name		Carrier's Primary Addr.		30 Veh. Type											
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type								
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No								
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:								
FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control				
						98	3	97	3	2	6	96				
NARRATIVE AND DIAGRAM	<p style="text-align: center;">DIAGRAM ON SEPARATE PAGE</p>															
INVESTIGATOR	Time Notified (24HR:MM)	0 6 2 0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0 6 4 0	Report Date (MM/DD/YYYY)	0 3 / 0 1 / 2 0 2 1								
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	HARPER, G. MARTIN, K		ID Num.	3380-3421										
ORI Num.	TX 2 2 0 1 2 0 0		Agency				FORT WORTH POLICE DEPARTMENT		Service/Region/DA	C E N T R L						

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. 1 4 8 Total Prsns. 1 3 6 TxDOT Crash ID

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

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Refer to Attached Code Sheet for Numbered Fields

Page 61 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																																																							
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit																																																							
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																																																							
ROAD ON WHICH CRASH OCCURRED																																																													
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600																																																							
3 Street Prefix		*Street Name		4 Street Suffix																																																									
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																							
Workers Present <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.																																																											
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																													
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1																																																							
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																																																							
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker																																																							
Street Desc. HWY		RRX Num.																																																											
Unit Num. 61		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX																																																							
LP Num. NWK0448		VIN																																																											
Veh. Year 2021		6 Veh. Color GRY		Veh. Make UNKNOWN		Veh. Model UNKNOWN																																																							
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																											
8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99																																																							
10 CDL End. 99		11 DL Rest. 99		DOB (MM/DD/YYYY)																																																									
Address (Street, City, State, ZIP) UNKNOWN		UNKNOWN		UN		UNK																																																							
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Psn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>23 Alc. Result</th> <th>24 Drug Spec.</th> <th>25 Drug Result</th> <th>26 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>UNKNOWN UNK UNK</td> <td>99</td> <td></td> <td>99</td> <td>99</td> <td>1</td> <td>99</td> <td>5</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>								Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	23 Alc. Result	24 Drug Spec.	25 Drug Result	26 Drug Category	1	1	1	UNKNOWN UNK UNK	99		99	99	1	99	5	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	23 Alc. Result	24 Drug Spec.	25 Drug Result	26 Drug Category																																												
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<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		UNKNOWN UNK		UNK																																																							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type		Fin. Resp. Name																																																							
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12 -		FD - 7		27 Vehicle Damage Rating 2 -																																																							
Towed By UNKNOWN		Towed To UNKNOWN																																																											
Unit Num. 62		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX																																																							
LP Num. LDX1404		VIN 5 X Y Z T 3 L B 1 J G 5 1 0 1 8 6																																																											
Veh. Year 2018		6 Veh. Color BLK		Veh. Make HYUNDAI		Veh. Model SANTA FE																																																							
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																											
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 005		9 DL Class C																																																							
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 02/24/1968																																																									
Address (Street, City, State, ZIP) 1440 DUN HORSE DR		HASLET		TX 76052																																																									
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Psn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>23 Alc. Result</th> <th>24 Drug Spec.</th> <th>25 Drug Result</th> <th>26 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>KILBREATH SUZETTE JANELLE</td> <td>A</td> <td>52</td> <td>W</td> <td>2</td> <td>1</td> <td>1</td> <td>5</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>								Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	23 Alc. Result	24 Drug Spec.	25 Drug Result	26 Drug Category	1	1	1	KILBREATH SUZETTE JANELLE	A	52	W	2	1	1	5	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	23 Alc. Result	24 Drug Spec.	25 Drug Result	26 Drug Category																																												
1	1	1	KILBREATH SUZETTE JANELLE	A	52	W	2	1	1	5	97	N	96		96	97	97																																												
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																													
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		KILBREATH SUZETTE JANELLE		HASLET TX 76052																																																							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE																																																							
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12 -		FD - 7		27 Vehicle Damage Rating 2 6 -																																																							
RD - 7		Vehicle Inventoried <input checked="" type="checkbox"/> No																																																											
Towed By TEXAS TOWING		Towed To TEXAS TOWING																																																											

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)						
	62	1	MEDICAL CITY ALLIANCE	MEDSTAR	/ /							
					/ /							
					/ /							
					/ /							
					/ /							
CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.								
DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address								
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.				
	Carrier's Corp. Name		Carrier's Primary Addr.		30 Veh. Type							
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type				
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:				
	36 Contributing Factors (Investigator's Opinion)		37 Vehicle Defects (Investigator's Opinion)		Environmental and Roadway Conditions							
FACTORS & CONDITIONS	Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
						98	3	97	3	2	6	96
NARRATIVE AND DIAGRAM	<p style="text-align: center;">DIAGRAM ON SEPARATE PAGE</p>											
INVESTIGATOR	Time Notified (24HR:MM)	0 6 2 0		How Notified	DISPATCH		Time Arrived (24HRMM)	0 6 4 0		Report Date (MM/DD/YYYY)	0 3 / 0 1 / 2 0 2 1	
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)		HARPER, G.		MARTIN, K		ID Num.		3380-3421	
	ORI Num.	TX 2 2 0 1 2 0 0		Agency		FORT WORTH POLICE DEPARTMENT		Service/Region/DA		C E N T R L		



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. 1 4 8	Total Prsns. 1 3 6	TxDOT Crash ID
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## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

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\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 0 2 / 1 1 / 2 0 2 1		*Crash Time (24HRMM) 0 6 0 0		Case ID 210011068		Local Use																																																							
	*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit																																																					
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 3 2 . 7 9 5 1 3		Longitude (decimal degrees) - 0 9 7 . 3 2 2 7 7																																																							
	ROAD ON WHICH CRASH OCCURRED																																																													
VEHICLE, DRIVER, & PERSONS	*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600																																																							
	3 Street Prefix		*Street Name		4 Street Suffix																																																									
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																							
	Workers Present <input checked="" type="checkbox"/> No		Street Desc.																																																											
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																														
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num. 2500																																																						
3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																																																										
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker		Street Desc. HWY																																																						
RRX Num.																																																														
Unit Num. 63		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		LP Num. 77316DV																																																						
VIN K N M A T 2 M V 6 J P 5 5 8 3 8 9																																																														
Veh. Year 2 0 1 8		6 Veh. Color BLK		Veh. Make NISSAN		Veh. Model ROGUE		7 Body Style SV																																																						
<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																														
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 952		9 DL Class CM		10 CDL End. 96																																																						
11 DL Rest. 96		DOB (MM/DD/YYYY) 0 7 / 0 5 / 1 9 6 3																																																												
Address (Street, City, State, ZIP) 5508 BLUE SPRUCE DR ARLINGTON TX 76018																																																														
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Psn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>ENGEL ROBERT ALAN</td> <td>B</td> <td>57</td> <td>W</td> <td>1</td> <td>1</td> <td>1</td> <td>5</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>									Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	ENGEL ROBERT ALAN	B	57	W	1	1	1	5	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																													
1	1	1	ENGEL ROBERT ALAN	B	57	W	1	1	1	5	97	N	96		96	97	97																																													
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																														
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		ENGEL ROBERT ALAN		5508 BLUE SPRUCE DR		ARLINGTON TX 76018																																																						
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name FARMERS		Fin. Resp. Num. 44562585																																																						
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 6 -		RD - 7		27 Vehicle Damage Rating 2 12 -		FD - 7																																																						
Towed By CORNISH TOWING		Towed To CORNISH TOWING																																																												
Unit Num. 64		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		LP Num. JYV4480																																																						
VIN 1 F T B F 2 A 6 2 H E D 3 1 1 7 9																																																														
Veh. Year 2 0 1 7		6 Veh. Color WHI		Veh. Make FORD		Veh. Model F250		7 Body Style PK																																																						
<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																														
8 DL/ID Type 1		DL/ID State HI		DL/ID Num. 463		9 DL Class 98		10 CDL End. 98																																																						
11 DL Rest. 98		DOB (MM/DD/YYYY) 1 2 / 0 6 / 1 9 6 6																																																												
Address (Street, City, State, ZIP) 14-746 FLOWER ST PAHOA HI 96778																																																														
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Psn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>WILLIAMS WILLIAM DARRELL</td> <td>K</td> <td>54</td> <td>98</td> <td>1</td> <td>1</td> <td>1</td> <td>5</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>									Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	WILLIAMS WILLIAM DARRELL	K	54	98	1	1	1	5	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																													
1	1	1	WILLIAMS WILLIAM DARRELL	K	54	98	1	1	1	5	97	N	96		96	97	97																																													
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																														
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		GEEP MECH ENG AND CONST INC		3640 8TH AVE		FORT WORTH TX 76110																																																						
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name AMERISURE INSURANCE CO		Fin. Resp. Num. CA1281769																																																						
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12 -		FD - 7		27 Vehicle Damage Rating 2 6 -		RD - 7																																																						
Towed By BEARDS TOWING		Towed To BEARDS TOWING																																																												

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)Case  
ID 210011068TxDOT  
Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	63	1	USMD ARLINGTON	PERSONAL VEH	/ /	
	64	1	TC MORGUE	FORT WORTH FUNERALS AND CREMATION	0 2 / 1 1 / 2 0 2 1	0 6   0   3
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type	
	Carrier's Corp. Name	Carrier's Primary Addr.									
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	<input type="checkbox"/> Released <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type		CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type			

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing		May Have Contrib.	Unit #	Contributing		May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
										98	3	97	3	2	6	96

NARRATIVE AND DIAGRAM																

INVESTIGATOR	Time Notified (24HR:MM)		How Notified		Time Arrived (24HR:MM)		Report Date (MM/DD/YYYY)	
	0 6   2   0		DISPATCH		0 6   4   0		0 3 / 0 1 / 2 0 2 1	
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) HARPER, G. MARTIN, K				ID Num. 3380-3421	
	ORI Num.	TX 2 2   0   1 2 0 0				*Agency FORT WORTH POLICE DEPARTMENT		Service/ Region/DA

DIAGRAM ON SEPARATE PAGE

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. 1 4 8	Total Num. 1 3 6	TxDOT Crash ID
------------------	------------------	----------------

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

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\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 0 2 / 1 1 / 2 0 2 1		*Crash Time (24HRMM) 0 6 0 0		Case ID 210011068		Local Use	
	*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 3 2 . 7 9 5 1 3		Longitude (decimal degrees) - 0 9 7 . 3 2 2 7 7			
	ROAD ON WHICH CRASH OCCURRED							
VEHICLE, DRIVER, & PERSONS	*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
	3 Street Prefix		*Street Name		4 Street Suffix			
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Workers Present <input checked="" type="checkbox"/> No		Street Desc.					
	INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
	At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
	Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
	Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
	Street Desc. HWY		RRX Num.					
	Unit Num. 65		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. NPB5797		VIN 1 F T 7 W 2 B T 0 L E C 3 9 2 3 3						
Veh. Year 2 0 2 0		6 Veh. Color RED		Veh. Make FORD		Veh. Model F250		
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)						
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 671		9 DL Class C		
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 0 9 / 2 5 / 1 9 7 1				
Address (Street, City, State, ZIP) 500 WOODLAND PARK DR BOYD TX 76023								
Person Num. 1		12 Psn. Type 1		13 Seat Position		Name: Last, First, Middle		
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity		Age		15 Ethnicity		
16 Sex		17 Eject.		18 Restr.		19 Airbag		
20 Helmet		21 Sol.		22 Alc. Spec.		23 Alc. Result		
24 Drug Spec.		25 Drug Result		26 Drug Category				
1		1		1		VARDY CHISTOPHER RAY		
K		49		W		1		
1		1		1		5		
97		N		96		96		
97		97		97		97		
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.								
<input checked="" type="checkbox"/> Owner		Owner/Lessee Name & Address		VARDY CHISTOPHER RAY		BOYD TX 76023		
<input type="checkbox"/> Lessee		Name & Address		500 WOODLAND PARK DR				
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name FARMERS INS		
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12"		FD-7		27 Vehicle Damage Rating 2 6"		
RD-7		Vehicle Inventoried <input checked="" type="checkbox"/> No						
Towed By CORNISH TOWING		Towed To CORNISH TOWING						
Unit Num. 66		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		
LP Num. MKT5732		VIN 1 C 4 P J M J N 9 K D 4 6 4 2 9 7						
Veh. Year 2 0 1 9		6 Veh. Color BLK		Veh. Make JEEP		Veh. Model GRAND CHEROKEE		
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)						
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 286		9 DL Class C		
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 0 9 / 1 0 / 1 9 8 2				
Address (Street, City, State, ZIP) 2512 BOOT JACK RD FORT WORTH TX 76177								
Person Num. 1		12 Psn. Type 1		13 Seat Position		Name: Last, First, Middle		
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity		Age		15 Ethnicity		
16 Sex		17 Eject.		18 Restr.		19 Airbag		
20 Helmet		21 Sol.		22 Alc. Spec.		23 Alc. Result		
24 Drug Spec.		25 Drug Result		26 Drug Category				
1		1		1		BLAKE SAMUEL ETIENNE		
B		38		B		1		
1		1		1		5		
97		N		96		96		
97		97		97		97		
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.								
<input checked="" type="checkbox"/> Owner		Owner/Lessee Name & Address		BLAKE SAMUEL ETIENNE		FORT WORTH TX 76177		
<input type="checkbox"/> Lessee		Name & Address		2512 BOOT JACK RD				
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE		
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 6"		RD-7		27 Vehicle Damage Rating 2 12"		
FD-7		Vehicle Inventoried <input checked="" type="checkbox"/> No						
Towed By EDS TOWING		Towed To EDS TOWING						

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068 TxDOT Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	65	1		TARRANT COUNTY MORGUE	FORT WORTH FUNERALS AND CREMATION	0 2 / 1 1 / 2 0 2 1
66	1		MEDICAL CITY FW	MEDSTAR 56	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	31 Bus Type	<input type="checkbox"/> RGWW	<input type="checkbox"/> GVWR						
32 HazMat Class Num.	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat ID Num.							
33 Cargo Body Type	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR					
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight			Total Num. Axles:

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
									98	3	97	3	2	6	96	

INVESTIGATOR	Time Notified (24HR:MM)		How Notified	Time Arrived (24HR:MM)		Report Date (MM/DD/YYYY)		
		0 6   2 0		DISPATCH	0 6   4 0		0 3 / 0 1 / 2 0 2 1	
Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)		HARPER, G. MARTIN, K		ID Num.	3380-3421	
ORI Num.	TX 2 2   0 1   2 0   0		Agency		FORT WORTH POLICE DEPARTMENT		Service/Region/DA	C   E   N   T   R   L

DIAGRAM ON SEPARATE PAGE



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. 1 4 8 Total Num. 1 3 6 TxDOT Crash ID

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

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\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277			
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 67		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State MO	
LP Num. 49KR4D		VIN 1XPBBDP9X7LD364465					
Veh. Year 2020		6 Veh. Color GRN		Veh. Make PETERBILT		Veh. Model 397	
7 Body Style TT		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State KS		DL/ID Num. 146		9 DL Class 98	
10 CDL End. 98		11 DL Rest. 98		DOB (MM/DD/YYYY) 07/05/1985			
Address (Street, City, State, ZIP) 6125 OTTER CREEK RD OLSBURG KS 66520							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 1		13 Seat Position		14 Injury Severity	
15 Age 35		16 Sex W		17 Eject 1		18 Restr. 1	
19 Airbag 97		20 Helmet N		21 Sol. 96		22 Alc. Spec. 96	
23 Drug Spec. 97		24 Drug Result 97		25 Drug Result 97		26 Drug Category	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		NEW PRIME INCE 2740 MAYFAIR AVE SPRINGFIELD MO 75409			
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ACE AMERICAN INS	
Fin. Resp. Num. XSAH25294221		27 Vehicle Damage Rating 1 12"		FD 6		27 Vehicle Damage Rating 2 -	
Vehicle Inventoried <input checked="" type="checkbox"/> No							
Towed By TEXAS TOWING		Towed To TEXAS TOWING					
Unit Num. 68		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State MO	
LP Num. 25A781		VIN 1RND53A29ER030781					
Veh. Year 2014		6 Veh. Color 98		Veh. Make REITNOUER		Veh. Model NOT APPLICABLE	
7 Body Style TL		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class	
10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP)							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num.		12 Psn. Type		13 Seat Position		14 Injury Severity	
15 Age		16 Sex		17 Eject		18 Restr.	
19 Airbag		20 Helmet		21 Sol.		22 Alc. Spec.	
23 Drug Spec.		24 Drug Result		25 Drug Result		26 Drug Category	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		NEW PRIME INCE 2740 MAYFAIR AVE SPRINGFIELD MO 65803			
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ACE AMERICAN INS	
Fin. Resp. Num. XSAH25294221		27 Vehicle Damage Rating 1 10"		FL 3		27 Vehicle Damage Rating 2 -	
Vehicle Inventoried <input checked="" type="checkbox"/> No							
Towed By TEXAS TOWING		Towed To TEXAS TOWING					



Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068 TxDOT Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	67	1	LOCAL HOSPITAL	SELF	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	10,001+ LBS.	TRANSPORTING HAZARDOUS MATERIAL	9+ CAPACITY	CMV Disabling Damage?	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.								
	67	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	1	00003706								
	Carrier's Corp. Name NEW PRIME INC															
	Carrier's Primary Addr. 2740 MAYFAIR AVE SRPINGFIELD MO 65803															
	31 Bus Type	<input type="checkbox"/> RGWV	<input checked="" type="checkbox"/> GVWR	5,000	HazMat Released	<input type="checkbox"/> Yes	<input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	30 Veh. Type			
	68	<input type="checkbox"/> RGWV	<input checked="" type="checkbox"/> GVWR	9,000	34 Trlr. Type	2	CMV Disabling Damage?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV	<input checked="" type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Sequence Of Events	35 Seq. 1	98	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:					

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
										98	3	97	3	2	6	96

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE															

INVESTIGATOR	Time Notified (24HR:MM)	How Notified	Time Arrived (24HR:MM)	Report Date (MM/DD/YYYY)
	0 6 2 0	DISPATCH	0 6 4 0	0 3 / 0 1 / 2 0 2 1
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	ID Num.	
	HARPER, G. MARTIN, K	3380-3421		
ORI Num.	Agency			Service/Region/DA
TX 2 2 0 1 2 0 0	FORT WORTH POLICE DEPARTMENT			C E N T R L

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. 1 4 8 Units Total Num. 1 3 6 Prsns. TxDOT Crash ID

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

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\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 0 2 / 1 1 / 2 0 2 1		*Crash Time (24HRMM) 0 6 0 0		Case ID 210011068		Local Use		
	*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 3 2 7 9 5 1 3		Longitude (decimal degrees) - 0 9 7 3 2 2 7 7				
	ROAD ON WHICH CRASH OCCURRED								
VEHICLE, DRIVER, & PERSONS	*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600		
	3 Street Prefix		*Street Name		4 Street Suffix				
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> No		
	Workers Present <input checked="" type="checkbox"/> No		Street Desc.						
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER									
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num. 2500	
3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST					
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Markers		Reference Marker		Street Desc. HWY	
RRX Num.									
Unit Num. 69		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		LP Num. LBK8034	
VIN 3 C 6 U R 5 C L 7 J G 2 9 6 2 1 4									
Veh. Year 2 0 1 8		6 Veh. Color BLK		Veh. Make DODGE		Veh. Model RAM 2500		7 Body Style PK	
<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)									
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 466		9 DL Class C		10 CDL End. 96	
11 DL Rest. 96		DOB (MM/DD/YYYY) 0 4 / 2 4 / 1 9 8 0							
Address (Street, City, State, ZIP) 3509 N JULIET LN FORT WORTH TX 76137									
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line									
Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle			14 Injury Severity	Age	15 Ethnicity	
1	1	1	GIERISCH EDMUND WILLIAM			B	40	W	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.									
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee									
Owner/Lessee Name & Address		GIERISCH EDMUND WILLIAM FORT WORTH TX 76137							
3509 N JULIET LN									
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name TRAVELERS		Fin. Resp. Num. 6031076732221	
27 Vehicle Damage Rating 1 6-		RD-6		27 Vehicle Damage Rating 2 9-		LP-6		Vehicle Inventoried <input checked="" type="checkbox"/> No	
Towed By BEARDS TOWING		Towed To BEARDS TOWING							
Unit Num. 70									
5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		LP Num. B17558R		VIN 5 Y F S 4 M C E X M P 0 6 4 4 7 3	
Veh. Year 2 0 2 1		6 Veh. Color BLK		Veh. Make TOYOTA		Veh. Model COROLLA		7 Body Style P4	
<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)									
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 524		9 DL Class C		10 CDL End. 96	
11 DL Rest. 96		DOB (MM/DD/YYYY) 0 8 / 2 8 / 1 9 7 1							
Address (Street, City, State, ZIP) 612 WOLLFORD WAY FORT WORTH TX 76131									
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line									
Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle			14 Injury Severity	Age	15 Ethnicity	
1	1	1	REID GLENN LEWIS JR			B	49	W	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.									
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee									
Owner/Lessee Name & Address		REID GLENN LEWIS JR FORT WORTH TX 76131							
612 WOLLFORD WAY									
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name USAA		Fin. Resp. Num. 041958401 7101	
27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 6-		RD-7		Vehicle Inventoried <input checked="" type="checkbox"/> No	
Towed By BEARDS TOWING		Towed To BEARDS TOWING							

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	69	1	LOCAL HOSPITAL	SELF	/ /	
	70	1	MEDICAL CITY ALLIANCE	MEDSTAR	/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	Carrier's Corp. Name		Carrier's Primary Addr.						
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
										98	3	97	3	2	6	96

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE															

INVESTIGATOR	Time Notified (24HR:MM)		How Notified	Time Arrived (24HR:MM)		Report Date (MM/DD/YYYY)	
	0 6 2 0		DISPATCH	0 6 4 0		0 3 / 0 1 / 2 0 2 1	
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) HARPER, G. MARTIN, K		ID Num. 3380-3421			

ORI Num.	Agency	Service/Region/DA
T X 2 2 0 1 2 0 0	FORT WORTH POLICE DEPARTMENT	C E N T R L

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONETotal Num. 1 4 8  
Units  
Total Num. 1 3 6  
Prsns.  
TxDOT Crash ID

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

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\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																												
	*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit																										
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																														
	ROAD ON WHICH CRASH OCCURRED																																		
VEHICLE, DRIVER, & PERSONS	*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600		3 Street Prefix		*Street Name		4 Street Suffix																						
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.																								
	INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																		
	At-Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																				
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Markers		Reference Marker		Street Desc. HWY		RRX Num.																									
Unit Num. 71		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		LP Num. 484548C		VIN 1GB2WLE72MF150097																									
Veh. Year 2021		6 Veh. Color WHI		Veh. Make CHEVROLET		Veh. Model C2500		7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																									
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 871		9 DL Class C		10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 07/13/1968																							
Address (Street, City, State, ZIP) 5633 OAK HAVEN FORT WORTH TX 76244																																			
Person Num. 1		12 Psn. Type 1		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line		14 Injury Severity		Age		15 Ethnicity		16 Sex		17 Eject.		18 Restr.		19 Airbag		20 Helmet		21 Sol.		22 Alc. Spec.		23 Alc. Result		24 Drug Spec.		25 Drug Result		26 Drug Category	
1		1		1		STEVENSON NICKLAS LEE		B		52		W		1		1		1		5		97		N		96		96		97		97			
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		A&G-PIPING		3124 WICHITA CT		FORT WORTH TX 76140																											
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name		EMC INSURANCE		Fin. Resp. Num. 1E56105																									
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		12"		FD-7		27 Vehicle Damage Rating 2		6"		RD-5		Vehicle Inventoried <input checked="" type="checkbox"/> No																					
Towed By		BEARDS TOWING		Towed To		BEARDS TOWING																													
Unit Num. 72		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		LP Num. FXK4885		VIN 1FTETX1C M0EKG19893																									
Veh. Year 2014		6 Veh. Color WHI		Veh. Make FORD		Veh. Model F150		7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																									
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 573		9 DL Class C		10 CDL End. N		11 DL Rest. A		DOB (MM/DD/YYYY) 06/22/1984																							
Address (Street, City, State, ZIP) 3009 HIGH CHAPARRAL DR FLOWER MOUND TX 75022																																			
Person Num. 1		12 Psn. Type 1		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line		14 Injury Severity		Age		15 Ethnicity		16 Sex		17 Eject.		18 Restr.		19 Airbag		20 Helmet		21 Sol.		22 Alc. Spec.		23 Alc. Result		24 Drug Spec.		25 Drug Result		26 Drug Category	
1		1		1		GOLWITZER JAY J		99		36		W		1		1		1		5		97		N		96		96		97		97			
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		THE NELROD CO		3301 WEST FWY		FORT WORTH TX 76107																											
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name		TURNBALL INSURANCE		Fin. Resp. Num. 46UUNF5783																									
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		12"		FD-7		27 Vehicle Damage Rating 2		6"		RD-7		Vehicle Inventoried <input checked="" type="checkbox"/> No																					
Towed By		BEARDS TOWING		Towed To		BEARDS TOWING																													

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	71	1		LOCAL HOSPITAL	SELF	/ /
					/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR							
32 HazMat Class Num.									
33 Cargo Body Type									
34 Trlr. Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR								
35 Seq. 1									
35 Seq. 2									
35 Seq. 3									
35 Seq. 4									
Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No								
Actual Gross Weight									
Total Num. Axles:									

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
									98	3	97	3	2	6	96	

NARRATIVE AND DIAGRAM	Time Notified (24HR:MM)		How Notified	Time Arrived (24HR:MM)		Report Date (MM/DD/YYYY)	
		0620	DISPATCH	0640	03/01/2021		

INVESTIGATOR	Invest. Comp.	Investigator Name (Printed)	ID Num.	Service/Region/DA
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HARPER, G. MARTIN, K	3380-3421	CENTRL

ORI Num.	Agency
TX2201200	FORT WORTH POLICE DEPARTMENT

DIAGRAM ON SEPARATE PAGE



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL-BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONETotal  
Num. 1 4 8  
Units  
Total  
Num. 1 3 6  
Prsns.  
TxDOT  
Crash ID

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

Page 73 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 73		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. LPS5582		VIN 2G C 2 C R E G 2 K 1 1 3 6 4 6 8					
Veh. Year 2019		6 Veh. Color WHI		Veh. Make CHEVROLET		Veh. Model SILVERADO C2500	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 177		9 DL Class C	
10 CDL End. N		11 DL Rest. A		DOB (MM/DD/YYYY) 05/13/1977			
Address (Street, City, State, ZIP) 5904 FANTAIL DR FORT WORTH TX 76179							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		14 Injury Severity 99	
Age 43		15 Ethnicity W		16 Sex 1		17 Eject 1	
18 Restr. 5		19 Airbag 97		20 Helmet N		21 Sol. 96	
22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97		25 Drug Category 97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		AUTOMATIC SPRINKLER OF TEXAS		DUNCANVILLE TX 75137	
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ACUITY	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 -	
Vehicle Inventoried <input checked="" type="checkbox"/> No							
Towed By BEARDS TOWING		Towed To BEARDS TOWING					
Unit Num. 74		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. SNDMAN7		VIN 1 C 6 R R E J T 6 K N 8 9 8 7 4 8					
Veh. Year 2019		6 Veh. Color GRY		Veh. Make DODGE		Veh. Model RAM 1500	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 791		9 DL Class C	
10 CDL End. TX		11 DL Rest. 96		DOB (MM/DD/YYYY) 03/01/1973			
Address (Street, City, State, ZIP) 12824 CAMPOLINA WAY FORT WORTH TX 76244							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		14 Injury Severity B	
Age 47		15 Ethnicity W		16 Sex 1		17 Eject 1	
18 Restr. 99		19 Airbag 97		20 Helmet N		21 Sol. 96	
22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97		25 Drug Category 97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		SPINKS TIMOTHY SHANE		FORT WORTH TX 76244	
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name FARMERS INSURANCE	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 8-		BL-3		27 Vehicle Damage Rating 2 -	
Vehicle Inventoried <input checked="" type="checkbox"/> No							
Towed By BEARDS TOWING		Towed To BEARDS TOWING					

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	74	1	LOCAL HOSP	SELF	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type	
	Carrier's Corp. Name		Carrier's Primary Addr.							
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type		
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
										98	3	97	3	2	6	96

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE															

INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HRMM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	0	1	2	0	2	1			
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					Investigator Name (Printed)	HARPER, G.					MARTIN, K					ID Num.	3380-3421					
	ORI Num.	T X 2 2 0 1 2 0 0				Agency	FORT WORTH POLICE DEPARTMENT										Service/ Region/DA	C E N T R L						

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE ☐ SCHOOL ZONE

Total Units	1	4	8
Total Prsns.	1	3	6
TxDOT Crash ID			

## Texas Peace Officer's Crash Report (Form CR-3 11/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

Page: 75 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																																																							
	*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit																																																							
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																																																									
	ROAD ON WHICH CRASH OCCURRED																																																													
VEHICLE, DRIVER, & PERSONS	*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600																																																							
	3 Street Prefix		*Street Name		4 Street Suffix																																																									
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																							
	Workers Present <input checked="" type="checkbox"/> No		Street Desc.																																																											
	INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																													
	At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1																																																							
	Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																																																							
	Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker																																																							
	Street Desc. HWY		RRX Num.																																																											
	Unit Num. 75		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State IN																																																							
LP Num. L727172		VIN 1XPBBD49X0FD285092																																																												
Veh. Year 2015		6 Veh. Color BLK		Veh. Make PETERBILT		Veh. Model UNKNOWN																																																								
7 Body Style TT		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																												
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 103		9 DL Class A																																																								
10 CDL End. N		11 DL Rest. 96		DOB (MM/DD/YYYY) 05/25/1987																																																										
Address (Street, City, State, ZIP) 117 MEADOW VIEW LN ANNA TX 75409																																																														
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line																																																														
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Psn. Type</th> <th>13 Seat Position</th> <th>Name</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>23 Alc. Result</th> <th>24 Drug Spec.</th> <th>25 Drug Result</th> <th>26 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>RIVERA ANTONIO DE JESUS</td> <td>B</td> <td>33</td> <td>H</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> <td></td> </tr> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>								Person Num.	12 Psn. Type	13 Seat Position	Name	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	23 Alc. Result	24 Drug Spec.	25 Drug Result	26 Drug Category	1	1	1	RIVERA ANTONIO DE JESUS	B	33	H	1	1	1	1	97	N	96		96	97	97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
Person Num.	12 Psn. Type	13 Seat Position	Name	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	23 Alc. Result	24 Drug Spec.	25 Drug Result	26 Drug Category																																													
1	1	1	RIVERA ANTONIO DE JESUS	B	33	H	1	1	1	1	97	N	96		96	97	97																																													
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<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address ALTON LOGISTICS LLC 117 MEADOW VIEW LN ANNA TX 75409																																																														
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name WESCO INS																																																								
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12"		FD-5		27 Vehicle Damage Rating 2 -																																																								
Towed By MILNER TOWING		Towed To MILNER TOWING																																																												
Unit Num. 76		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX																																																								
LP Num. 093B838		VIN 1JJV532W6XL582308																																																												
Veh. Year 1999		6 Veh. Color WHI		Veh. Make WABASH NATIONAL CORP		Veh. Model NOT APPLICABLE																																																								
7 Body Style TL		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																												
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class																																																								
10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY) 1/1/1																																																										
Address (Street, City, State, ZIP)																																																														
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Person Num.	12 Psn. Type	13 Seat Position	Name	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	23 Alc. Result	24 Drug Spec.	25 Drug Result	26 Drug Category																																													
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<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address ALTON LOGISTICS LLC 117 MEADOW VIEW LN ANNA TX 75409																																																														
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name WESCO																																																								
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 4"		BR-3		27 Vehicle Damage Rating 2 -																																																								
Towed By MILNER		Towed To MILNER																																																												

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068 TxDOT Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	75	1	PERSONAL DR	SELF	/ /	
				/ /		
				/ /		
				/ /		
				/ /		
				/ /		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	10,001+ LBS.	TRANSPORTING HAZARDOUS MATERIAL	9+ CAPACITY	CMV Disabling Damage?	Yes	No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type					
	75	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Yes	No	1	1	02819533	8				
Carrier's Corp. Name	ALTON LOGISTICS LLC		Carrier's Primary Addr.		117 MEADOW VIEW LN		ANNA		TX		75409					
31 Bus Type	0	<input type="checkbox"/> RGWW	<input checked="" type="checkbox"/> GVWR	51200	HazMat Released	<input type="checkbox"/> Yes	<input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	3			
Unit Num.	76	<input type="checkbox"/> RGWW	<input checked="" type="checkbox"/> GVWR	68000	34 Trlr. Type	2	CMV Disabling Damage?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW	<input checked="" type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sequence Of Events	35 Seq. 1	98	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:						

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
									98	3	97	3	2	6	96	

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE															

INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	0	1	2	0	2	1	
	Invest. Comp.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Investigator Name (Printed)				HARPER, G.				MARTIN, K				ID Num.				3380-3421		
ORI Num.	TX 22012000				*Agency				FORT WORTH POLICE DEPARTMENT				Service/Region/DA				CENTRL					



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE
Total  
Num. 1 4 8  
UnitsTotal  
Num. 1 3 6  
Prsns.TxDOT  
Crash ID

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

Page 77 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277			
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 77		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. MDX5470		VIN 3GCPCEC4JG644031					
Veh. Year 2018		6 Veh. Color BLK		Veh. Make CHEVROLET		Veh. Model C1500	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 371		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 10/21/1994			
Address (Street, City, State, ZIP) 2821 AIRPORT FWY #616 BEDFORD TX 76021							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: WILLIAMS CALEB TITUS	
14 Injury Severity A		Age 26		15 Ethnicity W		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address WILLIAMS CALEB TITUS 2821 AIRPORT FWY #616 BEDFORD TX 76021							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE	
Fin. Resp. Num. 916142088		27 Vehicle Damage Rating 1 12" FR-4		27 Vehicle Damage Rating 2 6" FC-4		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By UNKNOWN				Towed To UNKNOWN			
Unit Num. 78		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. K069590		VIN 1FD8W3H64HEE73499					
Veh. Year 2017		6 Veh. Color WHI		Veh. Make FORD		Veh. Model F350	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99	
10 CDL End. 99		11 DL Rest. 99		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP) UNKNOWN UNKNOWN UN UNK							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num. 1		12 Prsn. Type 99		13 Seat Position 99		Name: UNKNOWN UNKNOWN UNK	
14 Injury Severity 99		Age 99		15 Ethnicity 99		16 Sex 99	
17 Eject. 1		18 Restr. 99		19 Airbag 1		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address MERCHANTS AUTOMOTIVE GROUP 1278 HOOKSETT RD HOOKSETT TX 73106							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ACE PROPERTY	
Fin. Resp. Num. H08470662		27 Vehicle Damage Rating 1 2" FR-2		27 Vehicle Damage Rating 2 12" FC-2		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Towed By DRIVEN BY OWNER				Towed To HOME			



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Form CR-3 (Rev. 1/1/2018)

Case ID 210011068 TxDOT Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)																	
	77	1	PERSONAL DR	SELF	/ /																		
					/ /																		
					/ /																		
					/ /																		
					/ /																		
CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.																			
DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address																			
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.															
	Carrier's Corp. Name		Carrier's Primary Addr.		30 Veh. Type																		
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type															
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No															
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:															
	36 Contributing Factors (Investigator's Opinion)		37 Vehicle Defects (Investigator's Opinion)		Environmental and Roadway Conditions																		
FACTORS & CONDITIONS	Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control											
						98	3	97	3	2	6	96											
NARRATIVE AND DIAGRAM	<p>DIAGRAM ON SEPARATE PAGE</p>																						
INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH			Time Arrived (24HR:MM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	0	1	2	0	2	1
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)				HARPER, G. MARTIN, K								ID Num. 3380-3421									
	ORI Num.	TX 22012000				*Agency FORT WORTH POLICE DEPARTMENT								Service/Region/DA C E N T R L									

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOLBUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. Units	1	4	8
Total Num. Prsns.	1	3	6
TxDOT Crash ID			

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

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\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																											
	*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit																									
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																													
	ROAD ON WHICH CRASH OCCURRED																																	
VEHICLE, DRIVER, & PERSONS	*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600		3 Street Prefix		*Street Name		4 Street Suffix																					
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.																							
	INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																	
	At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																			
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker		Street Desc. HWY		RRX Num.																								
VEHICLE, DRIVER, & PERSONS	Unit Num. 79		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		LP Num. KHZ4399		VIN K N A G M 4 A D X D 5 0 4 3 0 8 3																							
	Veh. Year 2013		6 Veh. Color WHI		Veh. Make KIA		Veh. Model OPTIMA		7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																							
	8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 253		9 DL Class C		10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 11/01/1987																					
	Address (Street, City, State, ZIP) 10041 TULARE LN FORT WORTH TX 76177																																	
VEHICLE, DRIVER, & PERSONS	Person Num. 1		12 Psn. Type 1		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line		14 Injury Severity B		Age 33		15 Ethnicity W		16 Sex 2		17 Eject. 1		18 Restr. 1		19 Airbag 1		20 Helmet 97		21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97		25 Drug Category 97	
VEHICLE, DRIVER, & PERSONS	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		ST PIERRE JORDAN JENAE		10041 TULARE LN		FORT WORTH TX 76177																									
	Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE		Fin. Resp. Num. 911971051																									
	Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12"		FD-3		27 Vehicle Damage Rating 2 6"		RD-3		Vehicle Inventoried <input checked="" type="checkbox"/> No																							
	Towed By DRIVER		Towed To HOME																															
VEHICLE, DRIVER, & PERSONS	Unit Num. 80		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		LP Num. NPG1066		VIN 3 C 6 3 R R H L 2 L G 2 0 1 0 5 5																							
	Veh. Year 2020		6 Veh. Color WHI		Veh. Make DODGE		Veh. Model RAM 3500		7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																							
	8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 910		9 DL Class C		10 CDL End. N		11 DL Rest. A		DOB (MM/DD/YYYY) 04/20/1964																					
	Address (Street, City, State, ZIP) 115 SIERRA TR JUSTIN TX 76247																																	
VEHICLE, DRIVER, & PERSONS	Person Num. 1		12 Psn. Type 1		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line		14 Injury Severity N		Age 56		15 Ethnicity W		16 Sex 1		17 Eject. 1		18 Restr. 1		19 Airbag 1		20 Helmet 97		21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97		25 Drug Category 97	
VEHICLE, DRIVER, & PERSONS	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		KEY TAB ANTHONY		115 SIERRA TR		JUSTIN TX 76247																									
	Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE		Fin. Resp. Num. 939764004																									
	Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 4"		RBQ-5		27 Vehicle Damage Rating 2 6"		RD-4		Vehicle Inventoried <input checked="" type="checkbox"/> No																							
	Towed By OWNER		Towed To HOME																															

Law Enforcement and TxDOT Use ONLY.  
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Case ID 210011068

TxDOT  
Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	79	1	LOCAL HOSPITAL	SELF	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	Carrier's Corp. Name		Carrier's Primary Addr.						
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control		
									98	3	97	3	2	6	96	

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE									

INVESTIGATOR	Time Notified (24HR:MM)	How Notified	Time Arrived (24HR:MM)	Report Date (MM/DD/YYYY)
	0 6 2 0	DISPATCH	0 6 4 0	0 3 / 0 1 / 2 0 2 1
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) HARPER, G. MARTIN, K	ID Num. 3380-3421	Service/Region/DA C E N T R L
ORI Num. T X 2 2 0 1 2 0 0	Agency FORT WORTH POLICE DEPARTMENT			

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. Units	1	4	8
Total Num. Prsns.	1	3	6

TxDOT  
Crash ID

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

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\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION	*Crash-Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use		
	*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277		
	ROAD ON WHICH CRASH OCCURRED								
VEHICLE, DRIVER, & PERSONS	*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600		
	3 Street Prefix		*Street Name		4 Street Suffix				
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Workers Present <input checked="" type="checkbox"/> No		Street Desc.						
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER									
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num. 2500	
3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST					
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker		Street Desc. HWY	
RRX Num.									
Unit Num. 81		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State CO		LP Num. VQQ208	
VIN J N 8 A Z 1 M W 6 D W 3 0 4 7 4 6									
Veh. Year 2013		6 Veh. Color SIL		Veh. Make NISSAN		Veh. Model MURANO		7 Body Style SV	
<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)									
8 DL/ID Type 1		DL/ID State CO		DL/ID Num. 789		9 DL Class 98		10 CDL End. 98	
11 DL Rest. 98		DOB (MM/DD/YYYY) 02/20/1980							
Address (Street, City, State, ZIP) 613 WINTER DR EVERMAN TX 76140									
Person Num. 1		12 Psn. Type 1		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line		14 Injury Severity B	
15 Age 40		16 Sex B		17 Eject 1		18 Restr. 1		19 Airbag 5	
20 Helmet 97		21 Sol. N		22 Alc. Spec. 96		23 Alc. Result 96		24 Drug Spec. 97	
25 Drug Result 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		HIRZEL DOMINIQUE R		AURORA CO 80016			
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name UNKNOWN		Fin. Resp. Num. FILED LATER	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 7-		BL-7		27 Vehicle Damage Rating 2 12-		FD-6. Vehicle Inventoried <input checked="" type="checkbox"/> No	
Towed By MILNER TOWING		Towed To MILNER TOWING							
Unit Num. 82		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		LP Num. BJR0358	
VIN 5 F N R L 5 H 6 4 B B 0 6 4 0 1 7									
Veh. Year 2011		6 Veh. Color GRY		Veh. Make HONDA		Veh. Model ODYSSEY		7 Body Style VN	
<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)									
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 467		9 DL Class C		10 CDL End. 96	
11 DL Rest. 96		DOB (MM/DD/YYYY) 05/17/1979							
Address (Street, City, State, ZIP) 9709 FURMAN CT FORT WORTH TX 76244									
Person Num. 1		12 Psn. Type 1		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line		14 Injury Severity B	
15 Age 41		16 Sex W		17 Eject 1		18 Restr. 1		19 Airbag 5	
20 Helmet 97		21 Sol. N		22 Alc. Spec. 96		23 Alc. Result 96		24 Drug Spec. 97	
25 Drug Result 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		BERGMAN GRETCHEN		FORT WORTH TX 76244			
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name USAA		Fin. Resp. Num. 010079141 7105	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 6-		RD-7		27 Vehicle Damage Rating 2 12-		FD-7. Vehicle Inventoried <input checked="" type="checkbox"/> No	
Towed By MILNER TOWING		Towed To MILNER TOWING							

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	81	1	LOCAL HOSPITAL	FAMILY	/ /	
	82	1	PERSONAL DR	SELF	/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
	Carrier's Corp. Name		Carrier's Primary Addr.				30 Veh. Type	
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing		May Have Contrib.	Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control		
									98	3	97	3	2	6	96	

NARRATIVE AND DIAGRAM										

DIAGRAM ON SEPARATE PAGE

INVESTIGATOR	Time Notified (24HR:MM)		How Notified	Time Arrived (24HR:MM)		Report Date (MM/DD/YYYY)	
	0 6 2 0		DISPATCH	0 6 4 0		0 3 / 0 1 / 2 0 2 1	
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)		HARPER, G. MARTIN, K		ID Num. 3380-3421	
ORI Num. T X 2 2 0 1 2 0 0	*Agency FORT WORTH POLICE DEPARTMENT		Service/Region/DA		C E N T R L		



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. 1 4 8 Total Num. 1 3 6 TxDOT Crash ID

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

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\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 0 2 / 1 1 / 2 0 2 1		*Crash Time (24HRMM) 0 6 0 0		Case ID 210011068		Local Use																												
	*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit																										
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 3 2 . 7 9 5 1 3		Longitude (decimal degrees) - 0 9 7 . 3 2 2 7 7																														
	ROAD ON WHICH CRASH OCCURRED																																		
VEHICLE, DRIVER, & PERSONS	*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600		3 Street Prefix		*Street Name		4 Street Suffix																						
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.																								
	INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																		
	At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																				
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker		Street Desc. HWY		RRX Num.																									
Unit Num. 83		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State TX		LP Num. 2XD627		VIN 3 A L X F B 0 0 4 G D H T 7 6 0 7																							
Veh. Year 2 0 1 6		6 Veh. Color RED		Veh. Make FREIGHTLINER		Veh. Model UNKNOWN		7 Body Style TT		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																									
8 DL/ID Type 1		DL/ID State OK		DL/ID Num. 731		9 DL Class 98		10 CDL End. 98		11 DL Rest. 98		DOB (MM/DD/YYYY) 1 2 / 2 0 / 1 9 5 8																							
Address (Street, City, State, ZIP) PO BOX 984 TUTTLE OK 73089																																			
Person Num. 1		12 Psn. Type 1		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line		14 Injury Severity		Age		15 Ethnicity		16 Sex		17 Eject.		18 Restr.		19 Airbag		20 Helmet		21 Sol.		22 Alc. Spec.		23 Alc. Result		24 Drug Spec.		25 Drug Result		26 Drug Category	
1		1		1		SHORT DAVID JAMES		N		62		W		1		1		1		1		97		N		96		96		97		97			
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																			
<input checked="" type="checkbox"/> Owner		Owner/Lessee Name & Address		WHB TRANSPORTATION L		PB BOX 725		TUTTLE		OK 73089																									
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ACE AMERICA		Fin. Resp. Num. ISAH25311668																											
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		7 -		LFQ - 4		27 Vehicle Damage Rating 2		-		-		Vehicle Inventoried <input checked="" type="checkbox"/> No																					
Towed By		DRIVEN BY DRIVER		Towed To		HOME																													
Unit Num. 84		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State OK		LP Num. 1265LJ		VIN 1 G R A A 9 6 2 4 C B 7 0 7 4 5 4																							
Veh. Year 2 0 1 2		6 Veh. Color RED		Veh. Make GREAT DANE TRAILERS		Veh. Model NOT APPLICABLE		7-Body Style TL		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																									
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class		10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)																							
Address (Street, City, State, ZIP)																																			
Person Num.		12 Psn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line		14 Injury Severity		Age		15 Ethnicity		16 Sex		17 Eject.		18 Restr.		19 Airbag		20 Helmet		21 Sol.		22 Alc. Spec.		23 Alc. Result		24 Drug Spec.		25 Drug Result		26 Drug Category	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																			
<input checked="" type="checkbox"/> Owner		Owner/Lessee Name & Address		WHB TRANSPORTATION L		PO BOX 725		TUTTLE		OK 73089																									
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ACE AMERICA		Fin. Resp. Num. ISAH25311668																											
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		6 -		BL - 2		27 Vehicle Damage Rating 2		-		-		Vehicle Inventoried <input checked="" type="checkbox"/> No																					
Towed By		DRIVEN		Towed To		DRIVER																													

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)Case  
ID 210011068TxDOT  
Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
					/ /	
					/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

Unit Num. 83	<input checked="" type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input checked="" type="checkbox"/> No	28 Veh. Oper. 1	29 Carrier ID Type 1	Carrier ID Num. 01361989
Carrier's Corp. Name	WHB TRANSPORTATION		Carrier's Primary Addr.	PO BOX 984		TUTTLE	OK 73089
31 Bus Type 0	<input type="checkbox"/> RGWW	<input checked="" type="checkbox"/> GVWR	5,0,0,0,0	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type 3
Unit Num. 84	<input type="checkbox"/> RGWW	<input checked="" type="checkbox"/> GVWR	6,8,0,0,0	34 Trlr. Type 2	CMV Disabling Damage? <input checked="" type="checkbox"/> No	Unit Num.	34 Trlr. Type
Sequence Of Events	35 Seq. 1	98	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input checked="" type="checkbox"/> No	Actual Gross Weight
36 Contributing Factors (Investigator's Opinion)		37 Vehicle Defects (Investigator's Opinion)		Environmental and Roadway Conditions			
Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads
					98	3	97
							3
							2
							6
							96

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)		37 Vehicle Defects (Investigator's Opinion)		Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
						98	3	97	3	2	6	96

INVESTIGATOR	Time Notified (24HR:MM)		How Notified	Time Arrived (24HRMM)		Report Date (MM/DD/YYYY)	
		0	6	2	0	DISPATCH	0
Invest. Comp.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Investigator Name (Printed)	HARPER, G.		MARTIN, K	
ORI Num.	TX 2201200		*Agency	FORT WORTH POLICE DEPARTMENT		ID Num. 3380-3421	
						Service/Region/DA C E N T R L	

DIAGRAM ON SEPARATE PAGE

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. 1 4 8	Total Num. 1 3 6	TxDOT Crash ID
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## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

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\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 0 2 / 1 1 / 2 0 2 1		*Crash Time (24HRMM) 0 6 0 0		Case ID 210011068		Local Use																																																												
	*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit																																																										
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 3 2 7 9 5 1 3		Longitude (decimal degrees) - 0 9 7 3 2 2 7 7																																																														
	ROAD ON WHICH CRASH OCCURRED																																																																		
VEHICLE, DRIVER, & PERSONS	*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600		3 Street Prefix		*Street Name		4-Street Suffix																																																						
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.																																																								
	INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																																		
	At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4-Street Suffix ST																																																				
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker		Street Desc. HWY		RRX Num.																																																									
Unit Num. 85		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State TX		LP Num. KWK0164		VIN K L 7 C J K S B 6 J B 5 5 9 5 6 1																																																							
Veh. Year 2 0 1 8		6 Veh. Color WHI		Veh. Make CHEVROLET		Veh. Model TRAX		7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																									
8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99		10 CDL End. 99		11 DL Rest. 99		DOB (MM/DD/YYYY) / /																																																							
Address (Street, City, State, ZIP)																																																																			
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Psn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>99</td> <td>99</td> <td></td> <td>99</td> <td></td> <td>99</td> <td>99</td> <td>1</td> <td>99</td> <td>5</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>														Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	99	99		99		99	99	1	99	5	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																																		
1	99	99		99		99	99	1	99	5	97	N	96		96	97	97																																																		
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																																			
<input checked="" type="checkbox"/> Owner		Owner/Lessee Name & Address		GARCIA DAVID		LEE		FORT WORTH TX 76131																																																											
<input type="checkbox"/> Lessee		Name & Address		10209 FOSSIL VALLEY DR																																																															
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name GEICO		Fin. Resp. Num. 4374768887																																																											
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 6 -		RD - 7		27 Vehicle Damage Rating 2 12 -		FD - 7		Vehicle Inventoried <input checked="" type="checkbox"/> No																																																									
Towed By MILNER TOWING		Towed To MILNER TOWING																																																																	
Unit Num. 86		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State TX		LP Num. NVV4256		VIN 5 N 1 A T 2 M N 5 G C 8 4 9 8 4 8																																																							
Veh. Year 2 0 1 6		6 Veh. Color SIL		Veh. Make NISSAN		Veh. Model MURANO		7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																									
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 159		9 DL Class C		10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 0 6 / 1 9 / 1 9 9 3																																																							
Address (Street, City, State, ZIP) 3820 VILLA FLORIA DR #2101 FORT WORTH TX 76137																																																																			
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Psn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>OLOFINKUA OLUWAKEMI B</td> <td>B</td> <td>27</td> <td>B</td> <td>1</td> <td>1</td> <td>1</td> <td>5</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>														Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	OLOFINKUA OLUWAKEMI B	B	27	B	1	1	1	5	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																																		
1	1	1	OLOFINKUA OLUWAKEMI B	B	27	B	1	1	1	5	97	N	96		96	97	97																																																		
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																																			
<input checked="" type="checkbox"/> Owner		Owner/Lessee Name & Address		OLOFINKUA OLUWAKEMI B		FORT WORTH TX 76137																																																													
<input type="checkbox"/> Lessee		Name & Address		3820 VILLA FLORIA DR #2101																																																															
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name GEICO		Fin. Resp. Num. 4542141652																																																											
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 6 -		RD - 7		27 Vehicle Damage Rating 2 7 -		BL - 7		Vehicle Inventoried <input checked="" type="checkbox"/> No																																																									
Towed By MILNER TOWING		Towed To MILNER TOWING																																																																	

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)Case  
ID 210011068TxDOT  
Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)											
	86	1	MEDICAL CITY FW	MEDSTAR 56	/ /												
					/ /												
					/ /												
					/ /												
					/ /												
CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.													
DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address													
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.									
	Carrier's Corp. Name		Carrier's Primary Addr.		30 Veh. Type												
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type									
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No									
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:									
	36 Contributing Factors (Investigator's Opinion)		37 Vehicle Defects (Investigator's Opinion)		Environmental and Roadway Conditions												
FACTORS & CONDITIONS	Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control					
						98	3	97	3	2	6	96					
NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE																
INVESTIGATOR	Time Notified (24HR:MM)		0 6 2 0		How Notified		DISPATCH		Time Arrived (24HRMM)		0 6 4 0		Report Date (MM/DD/YYYY)		0 3 / 0 1 / 2 0 2 1		
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Investigator Name (Printed)				HARPER, G.				MARTIN, K				ID Num. 3380-3421		
	ORI Num.		TX 2 2 0 1 2 0 0				*Agency				FORT WORTH POLICE DEPARTMENT				Service/Region/DA		C E N T R L



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. 1 4 8 Total Num. 1 3 6 TxDOT Crash ID

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

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\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION	* Crash Date (MM/DD/YYYY) 02/11/2021		* Crash Time (24HRMM) 0600		Case ID 210011068		Local Use		
	* County Name TARRANT				* City Name FORT WORTH				<input type="checkbox"/> Outside City Limit
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277		
	ROAD ON WHICH CRASH OCCURRED								
VEHICLE, DRIVER, & PERSONS	* 1 Rdwy. Sys. TL		* Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600		
	3 Street Prefix		* Street Name		4 Street Suffix				
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.						
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER									
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num. 2500	
3 Street Prefix		NE		Street Name 28TH		4 Street Suffix ST			
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker		Street Desc. HWY	
RRX Num.									
Unit Num. 87		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		LP Num. HPY0073	
VIN 3 G C P C R E C 6 G G 1 3 7 5 3 0									
Veh. Year 2016		6 Veh. Color SIL		Veh. Make CHEVROLET		Veh. Model C1500		7 Body Style PK	
<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)									
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 516		9 DL Class A		10 CDL End. 96	
11 DL Rest. 96		DOB (MM/DD/YYYY) 02/15/1962							
Address (Street, City, State, ZIP) 5013 MARBLE FALLS RD FORT WORTH TX 76103									
Person Num. 1		12 Psn. Type 1		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line		14 Injury Severity	
15 Age		16 Sex		17 Eject		18 Restr.		19 Airbag	
20 Helmet		21 Sol.		22 Alc. Spec.		23 Alc. Result		24 Drug Spec.	
25 Drug Result		26 Drug Result		27 Drug Result		28 Drug Result		29 Drug Category	
1		1		1		MILLS TIMOTHY SCOTT		B	
58		W		1		1		1	
5		97		N		96		96	
97		97		97		97		97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.									
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		WARD TIMBER LTD 1154 HWY-155W		LINDEN TX 75563			
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE		Fin. Resp. Num. 908406953	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		10- LBQ-7		27 Vehicle Damage Rating 2		-	
Towed By EDDS TOWING		Towed To EDDS TOWING							
Unit Num. 88		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		LP Num. MLH1465	
VIN 4 T 1 B 2 1 H K 8 K U 5 1 3 6 0 2									
Veh. Year 2019		6 Veh. Color BLK		Veh. Make TOYOTA		Veh. Model CAMRY		7 Body Style P4	
<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)									
8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99		10 CDL End. 99	
11 DL Rest. 99		DOB (MM/DD/YYYY)							
Address (Street, City, State, ZIP) UNKNOWN UNKNOWN UN UNK									
Person Num. 1		12 Psn. Type 99		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line		14 Injury Severity	
15 Age		16 Sex		17 Eject		18 Restr.		19 Airbag	
20 Helmet		21 Sol.		22 Alc. Spec.		23 Alc. Result		24 Drug Spec.	
25 Drug Result		26 Drug Result		27 Drug Result		28 Drug Result		29 Drug Category	
1		99		99		UNKNOWN UNKNOWN UNK		99	
99		99		99		1		1	
5		97		N		96		96	
97		97		97		97		97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.									
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		LEASE PLAN USA INC 1165 SANCTUARY PKWY #1		ALPHARETTA GA 30009			
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name SENTRY		Fin. Resp. Num. 90159150300	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		3- RP-7		27 Vehicle Damage Rating 2		9- LFQ-7	
Towed By BEARDS TOWING		Towed To BEARDS TOWING							



Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)																	
	87	1	PERSONAL DR	SELF	/ /																		
					/ /																		
					/ /																		
					/ /																		
					/ /																		
CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.																			
DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address																			
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.															
	Carrier's Corp. Name			Carrier's Primary Addr.			30 Veh. Type																
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type															
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No															
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:															
	36 Contributing Factors (Investigator's Opinion)		37 Vehicle Defects (Investigator's Opinion)		Environmental and Roadway Conditions																		
FACTORS & CONDITIONS	Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control											
						98	3	97	3	2	6	96											
NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE																						
INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH			Time Arrived (24HR:MM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	0	1	2	0	2	1
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)				HARPER, G.				MARTIN, K				ID Num. 3380-3421									
	ORI Num.	TX 22012000				Agency				FORT WORTH POLICE DEPARTMENT				Service/Region/DA				CENTRL					

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. 1 4 8 Total Num. 1 3 6 TxDOT Crash ID

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

Page 89 of 149

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																																	
*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit																															
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																																	
ROAD ON WHICH CRASH OCCURRED																																							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600		3 Street Prefix		*Street Name		4 Street Suffix																											
<input type="checkbox"/> Crash Occurred on a Private Drive or -Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/ Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.																											
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																									
Distance from Int. or Ref. Marker 1000				<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker		Street Desc. HWY		RRX Num.																											
Unit Num. 89		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State TX		LP Num. LYT4887		VIN 2T2ZZMCA2JC097181																											
Veh. Year 2018		6 Veh. Color BLU		Veh. Make LEXUS		Veh. Model RX 350		7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																													
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 969		9 DL Class C		10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 12/22/1985																											
Address (Street, City, State, ZIP) 2148 BIGGS ST FORT WORTH TX 76177																																							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line										14 Injury Severity				15 Age		16 Ethnicity		17 Sex		18 Eject.		19 Restr.		20 Airbag		21 Helmet		22 Sol.		23 Alc. Spec.		24 Alc. Result		25 Drug Spec.		26 Drug Result		27 Drug Category	
1		1		1		FILBERT		ASTYN		MARIE		B		35		W		2		1		1		5		97		N		96		96		97		97			
										Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																													
<input checked="" type="checkbox"/> Owner		<input type="checkbox"/> Lessee		Owner/Lessee Name & Address		FILBERT ASTYN MARIE		2148 BIGGS ST		FORT WORTH TX 76177																													
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name		GEICO		Fin. Resp. Num. 4459868578																													
Fin. Resp. Phone Num.				27 Vehicle Damage Rating 1 4- RD-7				27 Vehicle Damage Rating 2 9- LD-7				Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																											
Towed By MILNER TOWING				Towed To MILNER TOWING																																			
Unit Num. 90		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State TX		LP Num. FMS2046		VIN 1FT7W2BT5FEC79120																											
Veh. Year 2015		6 Veh. Color BRO		Veh. Make FORD		Veh. Model F250		7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																													
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 803		9 DL Class C		10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 04/17/1991																											
Address (Street, City, State, ZIP) 2529 FOREST PARK BL FORT WORTH TX 76110																																							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line										14 Injury Severity				15 Age		16 Ethnicity		17 Sex		18 Eject.		19 Restr.		20 Airbag		21 Helmet		22 Sol.		23 Alc. Spec.		24 Alc. Result		25 Drug Spec.		26 Drug Result		27 Drug Category	
1		1		1		YATES		BARRETT		CODY		B		29		W		1		1		1		5		97		N		96		96		97		97			
										Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																													
<input checked="" type="checkbox"/> Owner		<input type="checkbox"/> Lessee		Owner/Lessee Name & Address		YATES MELISSA		10 BRITTANY LN		ODESSA TX 79761																													
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name		ALLSTATE		Fin. Resp. Num. 638277174																													
Fin. Resp. Phone Num.				27 Vehicle Damage Rating 1 9- LP-7				27 Vehicle Damage Rating 2 12- FD-5				Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																											
Towed By ABC WRECKER				Towed To ABC WRECKER																																			

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	89	1	LOCAL DR	SELF	/ /	
	90	1	PERSONAL DR	SELF	/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles--		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	
	Carrier's Corp. Name	Carrier's Primary Addr.							30 Veh. Type
	31 Bus Type	<input type="checkbox"/> RGWW	<input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
	Unit Num.	<input type="checkbox"/> RGWW	<input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW	<input type="checkbox"/> GVWR	34 Trlr. Type
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
										98	3	97	3	2	6	96

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE															

INVESTIGATOR	Time Notified (24HR:MM)	How Notified	Time Arrived (24HR:MM)	Report Date (MM/DD/YYYY)
	0 6 2 0	DISPATCH	0 6 4 0	0 3 / 0 1 / 2 0 2 1
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	ID Num.	
	HARPER, G.	3380-3421		
ORI Num.	Agency			
T X 2 2 0 1 2 0 0	FORT WORTH POLICE DEPARTMENT			
	Service/Region/DA			
	C E N T R L			

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONETotal Num. 1 4 8  
Units  
Total Num. 1 3 6  
Prsns.  
TxDOT Crash ID

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

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Refer to Attached Code Sheet for Numbered Fields

Page 91 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																																																				
	*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit																																																				
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																																																				
	ROAD ON WHICH CRASH OCCURRED																																																										
VEHICLE, DRIVER, & PERSONS	*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600																																																				
	3 Street Prefix		*Street Name		4 Street Suffix																																																						
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																				
	Workers Present <input checked="" type="checkbox"/> No		Street Desc.																																																								
	INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																										
	At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1																																																				
	Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																																																				
	Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker																																																				
	Street Desc. HWY		RRX Num.																																																								
	Unit Num. 91		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State AR																																																				
LP Num. K810553		VIN 1 F U J H H D R 5 K L K R 9 4 3 5																																																									
Veh. Year 2019		6 Veh. Color GRY		Veh. Make FREIGHTLINER		Veh. Model CASCADIA 125																																																					
7 Body Style TT		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																									
8 DL/ID Type 1		DL/ID State MX		DL/ID Num. 175		9 DL Class 98																																																					
10 CDL End. 98		11 DL Rest. 98		DOB (MM/DD/YYYY) 04/02/1989																																																							
Address (Street, City, State, ZIP) 6 DE NOVIEMBRE 212 6000 NL 6000 MX NL6000																																																											
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line																																																											
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Psn. Type</th> <th>13 Seat Position</th> <th>Name</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>ZUIGA-GUEVARA VICTOR</td> <td>ROGELIO</td> <td>C</td> <td>31</td> <td>H</td> <td>1</td> <td>1</td> <td>1</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td>2</td> <td>2</td> <td>3</td> <td>PATINO PEDRO</td> <td></td> <td>C</td> <td>43</td> <td>H</td> <td>1</td> <td>1</td> <td>1</td> <td>97</td> <td>N</td> <td colspan="4">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>								Person Num.	12 Psn. Type	13 Seat Position	Name	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	ZUIGA-GUEVARA VICTOR	ROGELIO	C	31	H	1	1	1	97	N	96		96	97	97	2	2	3	PATINO PEDRO		C	43	H	1	1	1	97	N	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
Person Num.	12 Psn. Type	13 Seat Position	Name	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	23 Drug Spec.	24 Drug Result	25 Drug Category																																											
1	1	1	ZUIGA-GUEVARA VICTOR	ROGELIO	C	31	H	1	1	1	97	N	96		96	97	97																																										
2	2	3	PATINO PEDRO		C	43	H	1	1	1	97	N	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																														
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address RICH TRANSPORT LLC 6011 SCOTT HAMMILTON DR- LITTLE ROCK AR 72209																																																											
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name UNITED SPECIALTY INS CO Fin. Resp. Num. EEXBRS0010																																																											
27 Vehicle Damage Rating 1 5- RBQ-3 27 Vehicle Damage Rating 2 - - Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																											
Towed By BEARDS TOWING Towed To RICH TRANSPORT 4444 IRVING BLVD																																																											
VEHICLE, DRIVER, & PERSONS	Unit Num. 92		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State OK																																																				
	LP Num. 1880LT		VIN 3 H 3 V 5 3 2 C 9 G T 3 6 1 0 6 4																																																								
	Veh. Year 2016		6 Veh. Color WHI		Veh. Make HYUNDAI STEEL INDUSTRIES		Veh. Model NOT APPLICABLE																																																				
	7 Body Style TL		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																								
	8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class																																																				
	10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)																																																						
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	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line																																																										
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	Person Num.	12 Psn. Type	13 Seat Position	Name	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	23 Drug Spec.	24 Drug Result	25 Drug Category																																										
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																											
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address RICH TRANSPORT LLC 6011 SCOTT HAMMILTON DR LITTLE ROCK AR 72209																																																											
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name UNITED SPECIALTY INS Fin. Resp. Num. EEXBRS0010																																																											
27 Vehicle Damage Rating 1 11- LFQ-2 27 Vehicle Damage Rating 2 - - Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																											
Towed By BEARDS TOWING Towed To RICH TRANSPORT 4444 IRVING BL																																																											

Form CR-3 (Rev. 1/1/2018)		ID: 210011000		Date of Incident: 01/20/2018																	
DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)															
	91	1	LOCAL DR	SELF	/ /																
	91	2	LOCAL DR	SELF	/ /																
					/ /																
					/ /																
					/ /																
CHARGES	Unit Num.	Prsn. Num.	Charge			Citation/Reference Num.															
DAMAGE	Damaged Property Other Than Vehicles			Owner's Name		Owner's Address															
CMV	Unit Num.	10,001+ LBS.	TRANSPORTING HAZARDOUS MATERIAL	9+ CAPACITY	CMV Disabling Damage?	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type												
	91	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1	1	00305789	8												
	Carrier's Corp. Name	RICH TRANSPORT LLC		Carrier's Primary Addr.	6011 SCOTT HAMILTON DR LITTLE ROCK RI 72209																
	31 Bus Type	0	<input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GVWR	52350	HazMat Released	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type												
FACTORS & CONDITIONS	Unit Num.	34 Trlr. Type	CMV Disabling Damage?	Unit Num.	34 Trlr. Type	CMV Disabling Damage?	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	Actual Gross Weight	Total Num. Axles								
	92	2	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	98				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
	36 Contributing Factors (Investigator's Opinion)													37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions			
	Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control									
					98	3	97	3	2	6	96										
INVESTIGATOR	NARRATIVE AND DIAGRAM																				
	DIAGRAM ON SEPARATE PAGE																				
INVESTIGATOR	Time Notified (24HR:MM)	0620	How Notified	DISPATCH		Time Arrived (24HR:MM)	0640	Report Date (MM/DD/YYYY)	03/01/2021												
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	HARPER, G. MARTIN, K				ID Num.	3380-3421												
INVESTIGATOR	ORI Num.	TX22012000				Agency	FORT WORTH POLICE DEPARTMENT				Service/Region/DA	CENTRL									



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. Units	1	4	8
Total Num. Prsns.	1	3	6

TxDOT  
Crash ID

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

Page 93 of 149

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																																																																			
	*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit																																																																	
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																																																																			
	ROAD ON WHICH CRASH OCCURRED																																																																									
VEHICLE, DRIVER, & PERSONS	*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600		3 Street Prefix		*Street Name		4 Street Suffix																																																													
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.																																																													
	INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																																									
	At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																																																											
	Distance from int. or Ref. Marker 1000				<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker		Street Desc. HWY		RRX Num.																																																													
	Unit Num. 93		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State TX		LP Num. FKK3682		VIN 4T1BF32K13U548718																																																													
	Veh. Year 2003		6 Veh. Color SIL		Veh. Make TOYOTA		Veh. Model CAMRY		7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																															
	8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99		10 CDL End. 99		11 DL Rest. 99		DOB (MM/DD/YYYY) / /																																																													
	Address (Street, City, State, ZIP) UNKNOWN UNKNOWN UN UNK																																																																									
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														Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																												
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		RODRIGUEZ ANGELICA MARIA		7900 GROUSE DR		FORT WORTH TX 76137																																																																		
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name STATE FARM		Fin. Resp. Num. 441 6655-L17-43 001																																																																		
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		6- FD-7		27 Vehicle Damage Rating 2		12- RD-7		Vehicle Inventoried <input checked="" type="checkbox"/> No																																																																
Towed By BIVINS TOWING		Towed To BIVINS TOWING																																																																								
VEHICLE, DRIVER, & PERSONS	Unit Num. 94		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State TX		LP Num. MZN8398		VIN J T J H G K F A 4 L 2 0 1 2 3 9 3																																																													
	Veh. Year 2020		6 Veh. Color BLK		Veh. Make LEXUS		Veh. Model RX SERIES		7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																															
	8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99		10 CDL End. 99		11 DL Rest. 99		DOB (MM/DD/YYYY) / /																																																													
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	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		OKEREKE EVANGELYN C		9809 BROILES LN		FORT WORTH TX 76244																																																																	
	Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name LIBERTY		Fin. Resp. Num. Y8980652																																																																	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		6- RD-7		27 Vehicle Damage Rating 2		12- FD-7		Vehicle Inventoried <input checked="" type="checkbox"/> No																																																																
Towed By TEXAS TOWING		Towed To TEXAS TOWING																																																																								

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Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)																	
					/ /																		
					/ /																		
					/ /																		
					/ /																		
					/ /																		
CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.																			
DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address																			
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.															
	Carrier's Corp. Name		Carrier's Primary Addr.		30 Veh. Type																		
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type															
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No															
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:															
	36 Contributing Factors (Investigator's Opinion)		37 Vehicle Defects (Investigator's Opinion)		Environmental and Roadway Conditions																		
FACTORS & CONDITIONS	Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control											
						98	3	97	3	2	6	96											
NARRATIVE AND DIAGRAM	<p style="text-align: center;">DIAGRAM ON SEPARATE PAGE</p>																						
INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH			Time Arrived (24HRMM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	0	1	2	0	2	1
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)				HARPER, G.				MARTIN, K				ID Num. 3380-3421								
	ORI Num.	TX 22012000				*Agency				FORT WORTH POLICE DEPARTMENT				Service/Region/DA				C E N T R L					

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. 1 4 8	Total Prsns. 1 3 6	TxDOT Crash ID
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## Texas Peace Officer's Crash Report (Form CR-3 11/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

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\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 0 2 / 1 1 / 2 0 2 1		*Crash Time (24HRMM) 0 6 0 0		Case ID 210011068		Local Use																																																													
	*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit																																																											
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal-degrees) 3 2 . 7 9 5 1 3		Longitude (decimal-degrees) - 0 9 7 . 3 2 2 7 7																																																															
	ROAD ON WHICH CRASH OCCURRED																																																																			
VEHICLE, DRIVER, & PERSONS	*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600		3 Street Prefix		*Street Name		4 Street Suffix																																																							
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.																																																									
	INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																																			
	At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num. 2500		3 Street Prefix NE		4 Street Suffix ST																																																							
	Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker		Street Desc. HWY		RRX Num.																																																									
	Unit Num. 95		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		LP Num. FTX0652		VIN Y V 1 4 0 M F C 4 F 1 3 1 8 8 7 3																																																									
	Veh. Year 2 0 1 5		6 Veh. Color WHI		Veh. Make VOLVO		Veh. Model S60		7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																									
	8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 378		9 DL Class C		10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 0 6 / 1 5 / 1 9 7 8																																																							
	Address (Street, City, State, ZIP) 1301 VANDERBILT KELLER TX 76262																																																																			
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1	1	1	BROCHU JOANNA GRABBE	B	42	W	2	1	1	5	97	N	96		96	97	97																																																			
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<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		BROCHU JOANNA GRABBE KELLER TX 76262																																																																
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name STATE FARM		Fin. Resp. Num. 410 9844-A20-43 002																																																												
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 5-		RD-6		27 Vehicle Damage Rating 2 12-		FD-5		Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																										
Towed By TEXAS TOWING		Towed To TEXAS TOWING																																																																		
VEHICLE, DRIVER, & PERSONS	Unit Num. 96		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		LP Num. CA68173		VIN 1 C 6 R D 6 L T X C S 1 9 4 1 8 4																																																									
	Veh. Year 2 0 1 2		6 Veh. Color BLU		Veh. Make DODGE		Veh. Model RAM 1500		7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																									
	8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 776		9 DL Class C		10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 0 9 / 1 8 / 1 9 8 7																																																							
	Address (Street, City, State, ZIP) 6801 WOODED CT MANSFIELD TX 76063																																																																			
	<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Prsn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>23 Alc. Result</th> <th>24 Drug Spec.</th> <th>25 Drug Result</th> <th>26 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>HARDAWAY KRIS</td> <td>B</td> <td>33</td> <td>W</td> <td>1</td> <td>1</td> <td>1</td> <td>2</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>														Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	23 Alc. Result	24 Drug Spec.	25 Drug Result	26 Drug Category	1	1	1	HARDAWAY KRIS	B	33	W	1	1	1	2	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
	Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	23 Alc. Result	24 Drug Spec.	25 Drug Result	26 Drug Category																																																		
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	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		HARDAWAY KRIS 6801 WOODED CT MANSFIELD TX 76063																																																															
	Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name STATE FARM		Fin. Resp. Num. 384 1546-A27-43B 001																																																											
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 3-		RP-5		Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																										
Towed By TEXAS TOWING		Towed To TEXAS TOWING																																																																		

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Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	95	1	JOHN PETER SMITH	AMA	/ /	
	96	1	LOCAL HOSPITAL	SELF	/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	Carrier's Corp. Name		Carrier's Primary Addr.						
	31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	
	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control		
									98	3	97	3	2	6	96	

NARRATIVE AND DIAGRAM	35 Sequence of Events										Intermodal Shipping Container Permit		Actual Gross Weight		Total Num. Axles:	
											<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				

INVESTIGATOR	Time Notified (24HR:MM)		How Notified		Time Arrived (24HR:MM)		Report Date (MM/DD/YYYY)		ID Num.	
		0 6 2 0	DISPATCH	0 6 4 0	0 3 / 0 1 / 2 0 2 1	3380-3421				

INVESTIGATOR	Invest. Comp.	Investigator Name (Printed)	Agency	Service/Region/DA
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HARPER, G. MARTIN, K	FORT WORTH POLICE DEPARTMENT	C E N T R L

DIAGRAM ON SEPARATE PAGE



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. 1 4 8	Total Prsns. 1 3 6	TxDOT Crash ID
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Refer to Attached Code Sheet for Numbered Fields

Page 97 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 0 2 / 1 1 / 2 0 2 1		*Crash Time (24HRMM) 0 6 0 0		Case ID 210011068		Local Use																												
	*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit																										
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 3 2 . 7 9 5 1 3		Longitude (decimal degrees) - 0 9 7 . 3 2 2 7 7																														
	ROAD ON WHICH CRASH OCCURRED																																		
VEHICLE, DRIVER, & PERSONS	*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600		3 Street Prefix		*Street Name		4 Street Suffix																						
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.																								
	INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																		
	At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																				
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Markers		Reference Marker		Street Desc. HWY		RRX Num.																									
Unit Num. 97		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State TX		LP Num. PBJ9184		VIN 1 C 4 B J W D G 6 G L 1 3 7 7 5 8																							
Veh. Year 2 0 1 6		6 Veh. Color BLK		Veh. Make JEEP		Veh. Model WRANGLER		7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																									
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 433		9 DL Class B		10 CDL End. P		11 DL Rest. EM		DOB (MM/DD/YYYY) 0 6 / 2 3 / 1 9 9 5																							
Address (Street, City, State, ZIP) 3829 ALDERSYDE DR FORT WORTH TX 76244																																			
Person Num. 1		12 Psn. Type 1		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line		14 Injury Severity		Age		15 Ethnicity		16 Sex		17 Eject		18 Restr.		19 Airbag		20 Helmet		21 Sol.		22 Alc. Spec.		23 Alc. Result		24 Drug Spec.		25 Drug Result		26 Drug Category	
1		1		1		BURRIS STEVEN KELLY		N		25		W		1		1		1		1		97		N		96		96		97		97			
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																			
<input checked="" type="checkbox"/> Owner		Owner/Lessee Name & Address		BURRIS STEVEN KELLY		3829 ALDERSYDE DR		FORT WORTH TX 76244																											
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name		PROGRESSIVE		Fin. Resp. Num. 940374812																									
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		-		27 Vehicle Damage Rating 2		-		Vehicle Inventoried <input checked="" type="checkbox"/> No																									
Towed By		DRIVEN BY OWNER		Towed To		HOME																													
Unit Num. 98		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State TX		LP Num. KNZ2341		VIN 5 T E T U 4 G N 8 A Z 6 9 0 3 3 4																							
Veh. Year 2 0 1 0		6 Veh. Color BLU		Veh. Make TOYOTA		Veh. Model TACOMA		7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																									
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 323		9 DL Class C		10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 0 7 / 3 0 / 1 9 8 6																							
Address (Street, City, State, ZIP) 2541 DAHLIA DR FORT WORTH TX 76123																																			
Person Num. 1		12 Psn. Type 1		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line		14 Injury Severity		Age		15 Ethnicity		16 Sex		17 Eject		18 Restr.		19 Airbag		20 Helmet		21 Sol.		22 Alc. Spec.		23 Alc. Result		24 Drug Spec.		25 Drug Result		26 Drug Category	
1		1		1		GARDNER HEATHER AMANDA		B		34		W		2		1		1		1		97		N		96		96		97		97			
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																			
<input checked="" type="checkbox"/> Owner		Owner/Lessee Name & Address		BARTHA CLARA ANNE		2541 DAHLIA DR		FORT WORTH TX 76123																											
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name		STATE FARM		Fin. Resp. Num. 313 7939-K24-43D 002																									
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		6 -		RD - 4		27 Vehicle Damage Rating 2		12 -		FD - 4		Vehicle Inventoried <input checked="" type="checkbox"/> No																					
Towed By		LONESTAR TOWING		Towed To		LONESTAR TOWING																													



Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	98	1		LOCAL HOSPITAL	SELF	/ /
					/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 94+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR							
32 HazMat Class Num.									
33 Cargo Body Type									
34 Trlr. Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR								
35 Seq. 1									
35 Seq. 2									
35 Seq. 3									
35 Seq. 4									
Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No								
Actual Gross Weight									
Total Num. Axles:									

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
									98	3	97	3	2	6	96	

NARRATIVE AND DIAGRAM	Time Notified (24HR:MM)		How Notified	Time Arrived (24HR:MM)		Report Date (MM/DD/YYYY)	
		0620	DISPATCH	0640	03/01/2021		

INVESTIGATOR	Invest. Comp.	Investigator Name (Printed)	ID Num.	Service/Region/DA
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HARPER, G. MARTIN, K	3380-3421	CENTRAL

ORI Num.	Agency
TX22012000	FORT WORTH POLICE DEPARTMENT

DIAGRAM ON SEPARATE PAGE

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. 1 4 8 Total Prsns. 1 3 6 TxDOT Crash ID

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

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\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use		
	*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277		
	ROAD ON WHICH CRASH OCCURRED								
VEHICLE, DRIVER, & PERSONS	*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600		
	3 Street Prefix		*Street Name		4 Street Suffix				
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Workers Present <input checked="" type="checkbox"/> No		Street Desc.						
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER									
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num. 2500	
3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST					
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker		Street Desc. HWY	
RRX Num.									
Unit Num. 99		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State TX	
LP Num. 1M94928		VIN 2XKH AJ 7X8MM 460562							
Veh. Year 2020		6 Veh. Color RED		Veh. Make KENWORTH		Veh. Model UNKNOWN		7 Body Style TT	
<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)									
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 930		9 DL Class A		10 CDL End. HNT	
11 DL Rest. P27		DOB (MM/DD/YYYY) 02/23/1996							
Address (Street, City, State, ZIP) 3936 LONGMEADOW WAY FORT WORTH TX 76133									
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line									
Person Num.	12 Prsn. Type	13 Seat Position	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	
1	1	1		24	H	1	1	1	
RUVALCABA CARLOS									
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.									
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address COCA COLA BEVERAGES LLC 3400 FOSSIL CREEK BLVD FORT WORTH TX 76137									
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			26 Fin. Resp. Type 1			Fin. Resp. Name BEECHER CARLSON INS			
Fin. Resp. Phone Num.			27 Vehicle Damage Rating 1 -			27 Vehicle Damage Rating 2 -			
Towed By DRIVEN BY DRIVER			Towed To COMPANY LOT						
Unit Num. 100		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State TX	
LP Num. 202452		VIN 2MNO 1JAL 161008616							
Veh. Year 2006		6 Veh. Color RED		Veh. Make TRAILMOBILE		Veh. Model NOT APPLICABLE		7 Body Style TL	
<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)									
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class		10 CDL End.	
11 DL Rest.		DOB (MM/DD/YYYY)							
Address (Street, City, State, ZIP)									
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line									
Person Num.	12 Prsn. Type	13 Seat Position	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.									
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address COCA COLA BEVERAGES LL 3400 FOSSIL CREEK BLVD FORT WORTH TX 76137									
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			26 Fin. Resp. Type 1			Fin. Resp. Name BEECHER CARLSON			
Fin. Resp. Phone Num.			27 Vehicle Damage Rating 1 -			27 Vehicle Damage Rating 2 -			
Towed By DRIVEN AWAY			Towed To COMPANY LOT						



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☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONETotal  
Units 1 4 8  
Total  
Prsns. 1 3 6  
TxDOT  
Crash ID

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

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\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use		
	*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277		
	ROAD ON WHICH CRASH OCCURRED								
VEHICLE, DRIVER, & PERSONS	*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600		
	3 Street Prefix		*Street Name		4 Street Suffix				
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.						
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER									
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num. 2500	
3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST					
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Markers		Reference Marker		Street Desc. HWY	
RRX Num.									
Unit Num. 101		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		LP Num. NNZ5465	
VIN 1 F M S K 7 D H 1 L G A 1 4 1 6 7									
Veh. Year 2020		6 Veh. Color GRY		Veh. Make FORD		Veh. Model EXPLORER		7 Body Style SV	
<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)									
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 225		9 DL Class C		10 CDL End. 96	
11 DL Rest. A		DOB (MM/DD/YYYY) 02/28/1982							
Address (Street, City, State, ZIP) 10324 BURTRUM DR FORT WORTH TX 76177									
Person Num. 1		12 Psn. Type 1		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line		14 Injury Severity B	
Age 38		Ethnicity W		Sex 2		Eject. 1		18 Restr. 1	
19 Airbag 5		20 Helmet 97		21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Result 97		Category					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.									
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		CHILDRESS- ANGELA M		10324 BURTRUM DR		FORT WORTH TX 76177	
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name		LIBERTY COUNTY	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		12-		FD-6		27 Vehicle Damage Rating 2	
6-		RD-5		Vehicle Inventoried <input checked="" type="checkbox"/> No					
Towed By BIVINS		Towed To BIVINS TOWING							
Unit Num. 102		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		LP Num. GXC1444	
VIN 4 S 4 B S B L C 9 G 3 2 8 5 4 5 2									
Veh. Year 2016		6 Veh. Color WHI		Veh. Make SUBARU		Veh. Model OUTBACK		7 Body Style P4	
<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)									
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 122		9 DL Class C		10 CDL End. 96	
11 DL Rest. 96		DOB (MM/DD/YYYY) 07/07/1980							
Address (Street, City, State, ZIP) 4813 STETSON DR S FORT WORTH TX 76244									
Person Num. 1		12 Psn. Type 1		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line		14 Injury Severity C	
Age 40		Ethnicity W		Sex 2		Eject. 1		18 Restr. 1	
19 Airbag 5		20 Helmet 97		21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96	
24 Drug Result 97		25 Drug Result 97		Category					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.									
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		DOYLE WILLIAM		4813 STETSON DR S		FORT WORTH TX 76244	
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name		USAA	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		3-		RP-7		27 Vehicle Damage Rating 2	
6-		BR-7		Vehicle Inventoried <input checked="" type="checkbox"/> No					
Towed By TEXAS TOWING		Towed To TEXAS TOWING							

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Form CR-3 (Rev. 1/1/2018)

Case ID 210011068 TxDOT Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	101	1	LOCAL HOSP	SELF	/ /	
	102	1	LOCAL HOSP	MEDSTAR 65	/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
	Carrier's Corp. Name		Carrier's Primary Addr.				30 Veh. Type	
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing		May Have Contrib.	Unit #	Contributing		May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
										98	3	97	3	2	6	96

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE															

INVESTIGATOR	Time Notified (24HR:MM)		How Notified	Time Arrived (24HRMM)		Report Date (MM/DD/YYYY)	
	0 6 2 0		DISPATCH	0 6 4 0		0 3 / 0 1 / 2 0 2 1	
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) HARPER, G.		MARTIN, K		ID Num. 3380-3421	
ORI Num. TX 2 2 0 1 2 0 0	*Agency FORT WORTH POLICE DEPARTMENT		Service/Region/DA		C E N T R L		



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☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. 1 4 8	Total Prsns. 1 3 6	TxDOT Crash ID
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## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

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\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																																																							
	*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit																																																					
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																																																							
	ROAD ON WHICH CRASH OCCURRED																																																													
VEHICLE, DRIVER, & PERSONS	*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600																																																							
	3 Street Prefix		*Street Name		4 Street Suffix																																																									
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																							
	Workers Present <input checked="" type="checkbox"/> No		Street Desc.																																																											
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																														
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num. 2500																																																						
3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																																																										
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker		Street Desc. HWY																																																						
RRX Num.																																																														
Unit Num. 103		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State TX																																																						
LP Num. NFX6985		VIN 1C4HJXFN1JW195858																																																												
Veh. Year 2018		6 Veh. Color RED		Veh. Make JEEP		Veh. Model WRANGLER		7 Body Style SV																																																						
<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																														
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 156		9 DL Class C		10 CDL End. 96																																																						
11 DL Rest. 96		DOB (MM/DD/YYYY) 04/05/1986																																																												
Address (Street, City, State, ZIP) 721 SALIDA RD HASLET TX 76052																																																														
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Psn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>23 Alc. Result</th> <th>24 Drug Spec.</th> <th>25 Drug Result</th> <th>26 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>REYNOLDS MEGAN RENEE</td> <td>B</td> <td>34</td> <td>W</td> <td>2</td> <td>1</td> <td>1</td> <td>1</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>									Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	23 Alc. Result	24 Drug Spec.	25 Drug Result	26 Drug Category	1	1	1	REYNOLDS MEGAN RENEE	B	34	W	2	1	1	1	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	23 Alc. Result	24 Drug Spec.	25 Drug Result	26 Drug Category																																													
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<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		REYNOLDS MEGAN RENEE		HASLET TX 76052																																																								
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name HOME STATE COUNTY MUTUAL		Fin. Resp. Num. 1000464830																																																						
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 11-		FL-7		27 Vehicle Damage Rating 2 -		Vehicle Inventoried <input checked="" type="checkbox"/> No																																																						
Towed By MILNER		Towed To MILNER TOWING																																																												
VEHICLE, DRIVER, & PERSONS	Unit Num. 104		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run																																																							
	LP State TX		LP Num. KTW9354		VIN 19XFC2E54JE013733																																																									
	Veh. Year 2018		6 Veh. Color BLU		Veh. Make HONDA		Veh. Model CIVIC																																																							
	7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																											
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 001		9 DL Class C		10 CDL End. 96																																																						
11 DL Rest. A		DOB (MM/DD/YYYY) 12/14/1996																																																												
Address (Street, City, State, ZIP) 12108 MALONE RD NEWARD TX 76071																																																														
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Psn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>23 Alc. Result</th> <th>24 Drug Spec.</th> <th>25 Drug Result</th> <th>26 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>SOSA JONESSA VALEEN</td> <td>B</td> <td>24</td> <td>A</td> <td>2</td> <td>1</td> <td>1</td> <td>5</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>									Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	23 Alc. Result	24 Drug Spec.	25 Drug Result	26 Drug Category	1	1	1	SOSA JONESSA VALEEN	B	24	A	2	1	1	5	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	23 Alc. Result	24 Drug Spec.	25 Drug Result	26 Drug Category																																													
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Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																														
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		MEDO FRANKIE		NEWARD TX 76071																																																								
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name USAA		Fin. Resp. Num. 016468131 7105																																																						
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 3-		RBQ-5																																																						
Vehicle Inventoried <input checked="" type="checkbox"/> No																																																														
Towed By TEXAS TOWING		Towed To TEXAS TOWING																																																												

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)															
	103	1	LOCAL HOSP	SELF	/ /																
	104	1	LOCAL HOSP	SELF	/ /																
					/ /																
					/ /																
					/ /																
CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.																	
DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address																	
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.													
	Carrier's Corp. Name		Carrier's Primary Addr.		30 Veh. Type																
	31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type													
	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No													
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:													
	36 Contributing Factors (Investigator's Opinion)		37 Vehicle Defects (Investigator's Opinion)		Environmental and Roadway Conditions																
FACTORS & CONDITIONS	Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control									
						98	3	97	3	2	6	96									
NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE																				
INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	0	1	2	0	2	1
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)				HARPER, G.				MARTIN, K				ID Num. 3380-3421							
	ORI Num.	TX 22012000				*Agency				FORT WORTH POLICE DEPARTMENT				Service/Region/DA				CENTRL			

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONETotal  
Num. 1 4 8  
Units  
Total  
Num. 1 3 6  
Prsns.  
TxDOT  
Crash ID

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

Page 105 of 149

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																																																														
	*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit																																																												
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																																																																
	ROAD ON WHICH CRASH OCCURRED																																																																				
VEHICLE, DRIVER, & PERSONS	*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600		3 Street Prefix		*Street Name		4 Street Suffix																																																								
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.																																																										
	INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																																				
	At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																																																						
VEHICLE, DRIVER, & PERSONS	Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker		Street Desc. HWY		RRX Num.																																																										
	Unit Num. 105		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State IN		LP Num. 3041184		VIN 3AKJGLDR9HSH P1335																																																										
	Veh. Year 2017		6 Veh. Color GRY		Veh. Make FREIGHTLINER		Veh. Model UNKNOWN		7 Body Style TT		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																										
	8 DL/ID Type 2		DL/ID State OK		DL/ID Num. 821		9 DL Class 98		10 CDL End. 98		11 DL Rest. 98		DOB (MM/DD/YYYY) 04/23/1970																																																								
VEHICLE, DRIVER, & PERSONS	Address (Street, City, State, ZIP) 102 CONISER AVE #1 POTEAU OK 74953																																																																				
	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line																																																																				
	<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Psn. Type</th> <th>13 Seat Position</th> <th>Name</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>23 Alc. Result</th> <th>24 Drug Spec.</th> <th>25 Drug Result</th> <th>26 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>HOWARD JOHN MICHAEL</td> <td>N</td> <td>50</td> <td>W</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> <td></td> </tr> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>														Person Num.	12 Psn. Type	13 Seat Position	Name	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	23 Alc. Result	24 Drug Spec.	25 Drug Result	26 Drug Category	1	1	1	HOWARD JOHN MICHAEL	N	50	W	1	1	1	1	97	N	96		96	97	97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
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<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address HOWARD JOHN MICHAEL POTEAU OK 74953 102 CONISER AVE #1 Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name OLD REPUBLIC INS Fin. Resp. Num. MWTT314656 27 Vehicle Damage Rating 1 12" FD-2 27 Vehicle Damage Rating 2 - Vehicle Inventoried <input checked="" type="checkbox"/> No Towed By BEARDS TOWING Towed To 4400 E LOOP 820 S																																																																					
VEHICLE, DRIVER, & PERSONS	Unit Num. 106 5 Unit Desc. 6 <input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run LP State TN LP Num. U853377 VIN 1GRDM0326KH135495																																																																				
	Veh. Year 2019		6 Veh. Color BLK		Veh. Make GREAT DANE TRAILERS		Veh. Model NOT APPLICABLE		7 Body Style TL		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																										
	8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class		10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)																																																								
	Address (Street, City, State, ZIP)																																																																				
VEHICLE, DRIVER, & PERSONS	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line																																																																				
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Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)Case  
ID 210011068TxDOT  
Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
					/ /	
					/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

Unit Num. 105	<input checked="" type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper. 1	29 Carrier ID Type 1	Carrier ID Num. 00154712
Carrier's Corp. Name MERCER TRANSPORTATION		Carrier's Primary Addr. 1128 W MAIN ST		LOUISVILLE KY 40232		30 Veh. Type 8	
31 Bus Type 0	<input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GVWR 5,200,00	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type 5
Unit Num. 106	<input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GVWR 6,900,00	34 Trlr. Type 2	CMV Disabling Damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1 98	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
										98	3	97	3	2	6	96

NARRATIVE AND DIAGRAM	<div style="text-align: center;">DIAGRAM ON SEPARATE PAGE</div>															

INVESTIGATOR	Time Notified (24HR:MM)	0 6 2 0	How Notified	DISPATCH	Time Arrived (24HRMM)	0 6 4 0	Report Date (MM/DD/YYYY)	0 3 / 0 1 / 2 0 2 1
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)		HARPER, G. MARTIN, K		ID Num. 3380-3421		
	ORI Num.	TX 2 2 0 1 2 0 0		*Agency		FORT WORTH POLICE DEPARTMENT		Service/Region/DA



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. 1 4 8	Total Prsns. 1 3 6	TxDOT Crash ID
------------------	--------------------	----------------

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

Page 107 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1	
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 107		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. JWN8147		VIN 1C4RJEA3HC916372					
Veh. Year 2017		6 Veh. Color GRY		Veh. Make JEEP		Veh. Model GRAND CHEROKEE	
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 094		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 07/02/1990			
Address (Street, City, State, ZIP) 3901 RINGDOVE WAY ROANOKE TX 76266							
Person Num. 1		12 Prsn. Type 1		13 Seat Position		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity		Age		15 Ethnicity	
16 Sex		17 Eject		18 Restr.		19 Airbag	
20 Helmet		21 Sol.		22 Alc. Spec.		23 Drug Spec.	
24 Drug Result		25 Drug Category					
1		1		1		ESCAMILLA HALEE ELIZABETH	
B		30		H		2	
1		1		5		97	
N		96		96		97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		ESCAMILLA ERNESTO 3901 RINGDOVE WAY		ROANOKE TX 76266	
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 6-	
RD-7		Vehicle Inventoried <input checked="" type="checkbox"/> No					
Towed By DENNYS TOWING		Towed To DENNYS TOWING					
Unit Num. 108		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. JSV6956		VIN 1G1T12UEY8H168496					
Veh. Year 2017		6 Veh. Color BLK		Veh. Make GMC		Veh. Model SIERRA C1500	
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 318		9 DL Class AM	
10 CDL End. P		11 DL Rest. 96		DOB (MM/DD/YYYY) 10/12/1956			
Address (Street, City, State, ZIP) 616 WHITE FALCON WAY FORT WORTH TX 76131							
Person Num. 1		12 Prsn. Type 1		13 Seat Position		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity		Age		15 Ethnicity	
16 Sex		17 Eject		18 Restr.		19 Airbag	
20 Helmet		21 Sol.		22 Alc. Spec.		23 Drug Spec.	
24 Drug Result		25 Drug Category					
1		1		1		BURNETT ROGER ALAN	
B		64		W		1	
1		1		5		97	
N		96		96		97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		BURNETT ROGER ALAN 616 WHITE FALCON WAY		FORT WORTH TX 76131	
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ELEPHANT	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 9-	
L&T-6		Vehicle Inventoried <input checked="" type="checkbox"/> No					
Towed By CARDINAL TOWING		Towed To CARDINAL TOWING					



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Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	107	1	LOCAL HOSP	SELF	/ /	
	108	1	LOCAL HOSP	SELF	/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type	
	Carrier's Corp. Name	Carrier's Primary Addr.								
	31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type		
	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control		
									98	3	97	3	2	6	96	

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE													

INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HRMM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	0	1	2	0	2	1
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					Investigator Name (Printed)	HARPER, G.	MARTIN, K					ID Num.	3380-3421						
	ORI Num.	TX 2201200				*Agency	FORT WORTH POLICE DEPARTMENT										Service/Region/DA	CENTRL			

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. 1 4 8	Total Prns. 1 3 6	TxDOT Crash-ID
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## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

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\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 0 2 / 1 1 / 2 0 2 1		*Crash Time (24HRMM) 0 6 0 0		Case ID 210011068		Local Use		
	*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 3 2 7 9 5 1 3		Longitude (decimal degrees) - 0 9 7 3 2 2 7 7				
	ROAD ON WHICH CRASH OCCURRED								
VEHICLE, DRIVER, & PERSONS	*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600		
	3 Street Prefix		*Street Name		4 Street Suffix				
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.						
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER									
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num. 2500	
3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST					
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker		Street Desc. HWY	
RRX Num.									
Unit Num. 109		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		LP Num. NPS9255	
VIN K M 8 K 2 2 A A 8 L U 5 4 2 8 8 2									
Veh. Year 2 0 2 0		6 Veh. Color BLK		Veh. Make HYUNDAI		Veh. Model UNKNOWN		7 Body Style SV	
<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)									
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 123		9 DL Class C		10 CDL End. 96	
11 DL Rest. 96		DOB (MM/DD/YYYY) 0 5 / 1 0 / 1 9 9 9							
Address (Street, City, State, ZIP) 1320 NW SUMMERCREST BL BURLESON TX 76028									
Person Num. 1		12 Prsn. Type 1		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line		14 Injury Severity	
15 Age 21		16 Sex B		17 Eject 1		18 Restr. 1		19 Airbag 5	
20 Helmet 97		21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		MAYS- DESTINY COURTNEY		BURLESON TX 76028			
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ECONOMY FIRE AND CASUALTY INS		Fin. Resp. Num. A2983152580	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 6-		RD-7	
Vehicle Inventoried <input checked="" type="checkbox"/> No									
Towed By BIVINS TOWING		Towed To BIVINS TOWING							
Unit Num. 110		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		LP Num. BJB9869	
VIN 1 D 7 R V 1 C P 8 A S 2 5 7 4 1 2									
Veh. Year 2 0 1 0		6 Veh. Color MAR		Veh. Make DODGE		Veh. Model RAM 1500		7 Body Style PK	
<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)									
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 475		9 DL Class C		10 CDL End. 96	
11 DL Rest. 96		DOB (MM/DD/YYYY) 0 1 / 0 8 / 1 9 6 2							
Address (Street, City, State, ZIP) 7751 SUNNYVIEW CT FORT WORTH TX 76137									
Person Num. 1		12 Prsn. Type 1		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line		14 Injury Severity	
15 Age 59		16 Sex W		17 Eject 1		18 Restr. 1		19 Airbag 5	
20 Helmet 97		21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		FLACH SHAUN WILLIAM		FORT WORTH TX 76137			
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name STATE FARM		Fin. Resp. Num. 338 1590 L08 43F 001	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 6-		RD-7	
Vehicle Inventoried <input checked="" type="checkbox"/> No									
Towed By TEXAS TOWING		Towed To TEXAS TOWING							

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	109	1		JOHN PETER SMITH	MEDSTAR 63	/ /
110	1		JOHN PETER SMITH	MEDSTAR 63	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR							
32 HazMat Class Num.	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No								
33 Cargo Body Type	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight		Total Num. Axles:	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
									98	3	97	3	2	6	96

NARRATIVE AND DIAGRAM

INVESTIGATOR	Time Notified (24HR:MM)	How Notified	Time Arrived (24HR:MM)	Report Date (MM/DD/YYYY)
		0 6 2 0	DISPATCH	0 6 4 0
Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) HARPER, G. MARTIN, K		ID Num. 3380-3421	
ORI Num. TX 2 2 0 1 2 0 0	*Agency FORT WORTH POLICE DEPARTMENT		Service/Region/DA C E N T R L	

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL-BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. 1 4 8 Total Prsns. 1 3 6 TxDOT Crash ID

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

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\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																																																							
	*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit																																																					
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																																																							
	ROAD ON WHICH CRASH OCCURRED																																																													
VEHICLE, DRIVER, & PERSONS	*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600																																																							
	3 Street Prefix		*Street Name		4 Street Suffix																																																									
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																							
	Workers Present <input checked="" type="checkbox"/> No		Street Desc.																																																											
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																														
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num. 2500																																																						
3 Street Prefix		Street Name 28TH		4 Street Suffix ST																																																										
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Markers		Reference Marker		Street Desc. HWY																																																						
RRX Num.																																																														
Unit Num. 111		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		LP Num. NFS8526																																																						
VIN 3GNKBRA5LS545674																																																														
Veh. Year 2020		6 Veh. Color BLK		Veh. Make CHEVROLET		Veh. Model BLAZER		7 Body Style SV																																																						
<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																														
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 863		9 DL Class C		10 CDL End. 96																																																						
11 DL Rest. A		DOB (MM/DD/YYYY) 11/04/1961																																																												
Address (Street, City, State, ZIP) 3709 FOSSIL TREE LN FORT WORTH TX 76244																																																														
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Prsn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>JAMES REGINALD VON</td> <td>B</td> <td>59</td> <td>B</td> <td>1</td> <td>1</td> <td>1</td> <td>5</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>									Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	JAMES REGINALD VON	B	59	B	1	1	1	5	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																													
1	1	1	JAMES REGINALD VON	B	59	B	1	1	1	5	97	N	96		96	97	97																																													
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																														
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		JAMES REGINALD VON		3709 FOSSIL TREE LN		FORT WORTH TX 76244																																																						
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name US LLOYDS		Fin. Resp. Num. US0A111659																																																						
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 6-		RD-7																																																						
Towed By TEXAS TOWING		Towed To TEXAS TOWING																																																												
Unit Num. 112		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		LP Num. MTF6390																																																						
VIN JT EBU5JR9K5737125																																																														
Veh. Year 2019		6 Veh. Color WHI		Veh. Make TOYOTA		Veh. Model 4RUNNER/SR5		7 Body Style SV																																																						
<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																														
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 634		9 DL Class C		10 CDL End. 96																																																						
11 DL Rest. 96		DOB (MM/DD/YYYY) 04/25/1984																																																												
Address (Street, City, State, ZIP) 6901 GOLF GREEN DR ARLINGTON TX 76001																																																														
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Prsn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>WARE DATELYN CHRISTINE</td> <td>B</td> <td>36</td> <td>W</td> <td>2</td> <td>1</td> <td>1</td> <td>5</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>									Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	WARE DATELYN CHRISTINE	B	36	W	2	1	1	5	97	N	96		96	97	97	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																													
1	1	1	WARE DATELYN CHRISTINE	B	36	W	2	1	1	5	97	N	96		96	97	97																																													
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																														
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		WARE DATELYN CHRISTINE		6901 GOLF GREEN DR		ARLINGTON TX 76001																																																						
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name STATE FARM		Fin. Resp. Num. 348 2852-J28-43F 002																																																						
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 6-		RD-7		27 Vehicle Damage Rating 2 3-		RP-7																																																						
Towed By PURRFECT TOWING		Towed To PURRFECT TOWING																																																												

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	111	1	LOCAL HOSP	SELF	/ /	
	112	1	LOCAL HOSP	SELF	/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type	
	Carrier's Corp. Name		Carrier's Primary Addr.							
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type		
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:		

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
										98	3	97	3	2	6	96

NARRATIVE AND DIAGRAM	NARRATIVE AND DIAGRAM															

INVESTIGATOR	Time Notified (24HR:MM)		How Notified	Time Arrived (24HR:MM)		Report Date (MM/DD/YYYY)	
	0 6 2 0		DISPATCH	0 6 4 0		0 3 / 0 1 / 2 0 2 1	
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) HARPER, G. MARTIN, K		ID Num. 3380-3421		Service/Region/DA C E N T R L	
ORI Num. T X 2 2 0 1 2 0 0	Agency FORT WORTH POLICE DEPARTMENT						

DIAGRAM ON SEPARATE PAGE



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONETotal Num. 1 4 8  
Units: Total Num. 1 3 6  
Prsns. TxDOT Crash ID

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

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\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use			
	*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit			
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277					
	ROAD ON WHICH CRASH OCCURRED:									
VEHICLE, DRIVER, & PERSONS	*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600			
	3 Street Prefix		*Street Name		4 Street Suffix					
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.							
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER										
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num. 2500		
3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST						
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Markers		Reference Marker		Street Desc. HWY		
RRX Num.										
Unit Num. 113		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State IN		
LP Num. 2836156		VIN 3AKJHPDV7LSLF0345								
Veh. Year 2020		6 Veh. Color WHI		Veh. Make FREIGHTLINER		Veh. Model UNKNOWN		7 Body Style TT		
<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)										
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 851		9 DL Class A		10 CDL End. H		
11 DL Rest. P27		DOB (MM/DD/YYYY) 10/29/1963								
Address (Street, City, State, ZIP) 8160 FAWN CIR GRANBURY TX 76049										
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line										
Person Num. 1		12 Prsn. Type 1		13 Seat Position		14 Injury Severity B		Age 57		
15 Ethnicity I		16 Sex 2		17 Eject 1		18 Restr. 1		19 Airbag 97		
20 Helmet N		21 Sol. 96		22 Alc. Spec.		23 Alc. Result		24 Drug Spec. 96		
25 Drug Result 97		26 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.						
<input checked="" type="checkbox"/> Owner		Owner/Lessee Name & Address		JB HUNT TRANSPORT INC		615 JB HUNT CORPORATE DR		LOWELL AR 72745		
<input type="checkbox"/> Lessee		Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ACE AMERICAN INS		
Fin. Resp. Num. H25307951		27 Vehicle Damage Rating 1 11"		FL-7		27 Vehicle Damage Rating 2 1"		FR-7		
Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No										
Towed By BEARDS TOWING		Towed To 1150 INTERMODAL PKWY								
Unit Num. 114		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State OK		
LP Num. 5435GN		VIN LJR C54269A1003488								
Veh. Year 2010		6 Veh. Color ONG		Veh. Make CIMC TRAILERS		Veh. Model NOT APPLICABLE		7 Body Style TL		
<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)										
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class		10 CDL End.		
11 DL Rest.		DOB (MM/DD/YYYY)								
Address (Street, City, State, ZIP)										
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line										
Person Num.		12 Prsn. Type		13 Seat Position		14 Injury Severity		Age		
15 Ethnicity		16 Sex		17 Eject		18 Restr.		19 Airbag		
20 Helmet		21 Sol.		22 Alc. Spec.		23 Alc. Result		24 Drug Spec.		
25 Drug Result		26 Drug Category		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.						
<input checked="" type="checkbox"/> Owner		Owner/Lessee Name & Address		JB HUNT TRANSPORT INC		615 JB HUNT CORP DR		LOWELL AR 72745		
<input type="checkbox"/> Lessee		Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ACE AMERICAN INS		
Fin. Resp. Num. H25307951		27 Vehicle Damage Rating 1 6"		BD-7		27 Vehicle Damage Rating 2 3"		FR-4		
Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
Towed By BEARDS TOWING		Towed To 1150 INTERMODAL PKWY								

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	113	1		JOHN PETER SMITH	MEDSTAR	/ /
					/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	10,001+ LBS.	TRANSPORTING HAZARDOUS MATERIAL	9+ CAPACITY	CMV Disabling Damage?	Yes	No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type					
		113	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Yes	No	1	1	00080806	8				
	Carrier's Corp. Name		Carrier's Primary Addr.		TX		76052									
	31 Bus Type	RGVW	GVWR	5,200	HazMat Released	Yes	No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type				
	0	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5,200	<input type="checkbox"/>	Yes	No					3				
	Unit Num.	RGVW	GVWR	6,800	34 Trlr. Type	2	CMV Disabling Damage?	Yes	No	Unit Num.	RGVW	GVWR	34 Trlr. Type	CMV Disabling Damage?	Yes	No
	114	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6,800			<input checked="" type="checkbox"/>	Yes	No		<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Yes	No
	Sequence Of Events	35 Seq. 1	98	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	Yes	No	Actual Gross Weight	Total Num. Axles:					

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
									98	3	97	3	2	6	96	

NARRATIVE AND DIAGRAM	Time Notified (24HR:MM)		How Notified	Time Arrived (24HR:MM)		Report Date (MM/DD/YYYY)											
		0	6	2	0	DISPATCH	0	6	4	0	0	3	0	1	2	0	2

INVESTIGATOR	Invest. Comp.	Yes	No	Investigator Name (Printed)	ID Num.	Service/Region/DA													
		<input checked="" type="checkbox"/>	No		HARPER, G.	MARTIN, K	3380-3421												
	ORI Num.	T	X	2	2	0	1	2	0	0	*Agency	FORT WORTH POLICE DEPARTMENT	Service/Region/DA	C	E	N	T	R	L

DIAGRAM ON SEPARATE PAGE

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. 1 4 8	Total Num. 1 3 6	TxDOT Crash ID
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## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

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\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																															
	*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit																													
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																															
	ROAD ON WHICH CRASH OCCURRED																																					
VEHICLE, DRIVER, & PERSONS	*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600		3 Street Prefix		*Street Name		4 Street Suffix																									
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.																									
	INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																					
	At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																							
Distance from Int. or Ref. Marker 1000				<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Markers		Reference Marker		Street Desc. HWY		RRX Num.																										
VEHICLE, DRIVER, & PERSONS	Unit Num. 115		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		LP Num. JBS0374		VIN 1FTMF1CF6GKE19328																											
	Veh. Year 2016		6 Veh. Color WHI		Veh. Make FORD		Veh. Model F150		7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																											
	8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 708		9 DL Class CM		10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 05/24/1957																									
	Address (Street, City, State, ZIP) 4905 TRAILS EDGE DR ARLINGTON TX 76017																																					
VEHICLE, DRIVER, & PERSONS	Person Num. 1		12 Psn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line				14 Injury Severity		Age		15 Ethnicity		16 Sex		17 Eject.		18 Restr.		19 Airbag		20 Helmet		21 Sol.		22 Alc. Spec.		23 Alc. Result		24 Drug Spec.		25 Drug Result		26 Drug Category	
	1		1		1		SCHULTZ LESTER HOWARD				B		63		W		1		1		1		5		97		N		96		96		97		97			
VEHICLE, DRIVER, & PERSONS	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		FOX ELECTRIC LTD		1104 COLORADO LN		ARLINGTON TX 76015																													
	Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name TRAVELERS		Fin. Resp. Num. 2N938315																													
	Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		12"		FD-7		27 Vehicle Damage Rating 2		6"		RD-7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																							
	Towed By UNKNOWN		Towed To UNKNOWN																																			
VEHICLE, DRIVER, & PERSONS	Unit Num. 116		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		LP Num. LHK6873		VIN 1FT8W3BT2JEC55408																											
	Veh. Year 2018		6 Veh. Color WHI		Veh. Make FORD		Veh. Model F350		7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																											
	8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 867		9 DL Class C		10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 04/07/1979																									
	Address (Street, City, State, ZIP) 1701 BIRDS EYE RD FORT WORTH TX 76177																																					
VEHICLE, DRIVER, & PERSONS	Person Num. 1		12 Psn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line				14 Injury Severity		Age		15 Ethnicity		16 Sex		17 Eject.		18 Restr.		19 Airbag		20 Helmet		21 Sol.		22 Alc. Spec.		23 Alc. Result		24 Drug Spec.		25 Drug Result		26 Drug Category	
	1		1		1		TERRY CODY LEN				B		41		W		1		1		1		5		97		N		96		96		97		97			
VEHICLE, DRIVER, & PERSONS	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		TERRY CODY LEN		1701 BIRDS EYE RD		FORT WORTH TX 76177																													
	Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name TEXAS FARM BUREAU		Fin. Resp. Num. 21664435																													
	Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		12"		FD-7		27 Vehicle Damage Rating 2		6"		RD-7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																							
	Towed By GUY SIMON TOWING		Towed To GUY SIMON TOWING																																			

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)Case  
ID 210011068TxDOT  
Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	115	1	LOCAL HOSP	SELF	/ /	
	116	1	LOCAL HOSP	SELF	/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
	Carrier's Corp. Name	Carrier's Primary Addr.			30 Veh. Type			
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing		May Have Contrib.	Contributing		May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	

NARRATIVE AND DIAGRAM	35 Sequence of Events															
	35 Seq. 1				35 Seq. 2				35 Seq. 3				35 Seq. 4			
	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No				Actual Gross Weight				Total Num. Axles:							
	<div style="text-align: center;">DIAGRAM ON SEPARATE PAGE</div>															

INVESTIGATOR	Time Notified (24HR:MM)				How Notified	Time Arrived (24HR:MM)				Report Date (MM/DD/YYYY)			
		0	6	2	0	DISPATCH	0	6	4	0	0	3	0

INVESTIGATOR	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	ID Num.
				HARPER, G. MARTIN, K

INVESTIGATOR	ORI Num.	Agency	Service/ Region/DA
		T X 2 2 0 1 2 0 0	FORT WORTH POLICE DEPARTMENT



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE ☐ SCHOOL ZONE

Total Num. Units	1 4 8	Total Num. Prsns.	1 3 6	TxDOT Crash ID
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## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

Page: 117 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

<b>IDENTIFICATION &amp; LOCATION</b>		*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT		*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit					
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277					
<b>ROAD ON WHICH CRASH OCCURRED</b>									
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600		3 Street Prefix	
*Street Name		4 Street Suffix							
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Desc.									
<b>INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER</b>									
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num. 2500	
3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST					
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker		Street Desc. HWY	
RRX Num.									
Unit Num. 117		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State TX	
LP Num. DG7B111		VIN J M 1 B L 1 V F 9 C 1 5 0 2 9 2 7							
Veh. Year 2012		6 Veh. Color BLK		Veh. Make MAZDA		Veh. Model MAZDA3		7 Body Style P4	
<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)									
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 941		9 DL Class C		10 CDL End. 96	
11 DL Rest. 96		DOB (MM/DD/YYYY) 06/14/1993							
Address (Street, City, State, ZIP) 9528 SILLS WAY FORT WORTH TX 76177									
<b>VEHICLE, DRIVER, &amp; PERSONS</b>									
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: Last, First, Middle KENNEDY TAYLER MICHELLE		Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity B		Age 27		15 Ethnicity W		16 Sex 2		17 Eject. 1	
18 Restr. 1		19 Airbag 5		20 Helmet 97		21 Sol. N		22 Alc. Spec. 96	
23 Drug Spec. 96		24 Drug Result 97		25 Drug Result 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner		Owner/Lessee Name & Address KENNEDY TAYLER MICHELLE		FORT WORTH TX 76177					
<input type="checkbox"/> Lessee		Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ALLSTATE	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 -		27 Vehicle Damage Rating 2 -		Vehicle Inventoried <input checked="" type="checkbox"/> No			
Towed By TEXAS TOWING		Towed To TEXAS TOWING							
Unit Num. 118		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State TX	
LP Num. NWT9056		VIN 5 T B R T 3 4 1 7 1 S 1 9 8 4 0 8							
Veh. Year 2001		6 Veh. Color GRN		Veh. Make TOYOTA		Veh. Model TUNDRA		7 Body Style PK	
<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)									
8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99		10 CDL End. 99	
11 DL Rest. 99		DOB (MM/DD/YYYY)							
Address (Street, City, State, ZIP) UNKNOWN UNKNOWN UN									
<b>VEHICLE, DRIVER, &amp; PERSONS</b>									
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: Last, First, Middle UNKNOWN UNKNOWN UNK		Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity 99		Age 99		15 Ethnicity 99		16 Sex 99		17 Eject. 1	
18 Restr. 99		19 Airbag 5		20 Helmet 97		21 Sol. N		22 Alc. Spec. 96	
23 Drug Spec. 96		24 Drug Result 97		25 Drug Result 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
<input checked="" type="checkbox"/> Owner		Owner/Lessee Name & Address FLORES CHIRSTOFER B		WATAUGA TX 76148					
<input type="checkbox"/> Lessee		Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name CONSUMER COUNTY MUTUAL	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 -		27 Vehicle Damage Rating 2 -		Vehicle Inventoried <input checked="" type="checkbox"/> No			
Towed By BIVINS TOWING		Towed To BIVINS TOWING							



Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)																
	117	1	LOCAL HOSP	SELF	/ /																	
					/ /																	
					/ /																	
					/ /																	
					/ /																	
CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.																		
DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address																		
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.														
	Carrier's Corp. Name		Carrier's Primary Addr.		30 Veh. Type																	
	31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type														
	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No														
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:														
	36 Contributing Factors (Investigator's Opinion)		37 Vehicle Defects (Investigator's Opinion)		Environmental and Roadway Conditions																	
FACTORS & CONDITIONS	Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control										
						98	3	97	3	2	6	96										
NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE																					
INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH		Time Arrived (24HR:MM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	0	1	2	0	2	1
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)		HARPER, G.		MARTIN, K		ID Num.		3380-3421		Service/Region/DA		C		E	N	T	R	L	
	ORI Num.	TX		2	2	0	1	2	0	0	*Agency		FORT WORTH POLICE DEPARTMENT									

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. 1 4 8	Total Prsns. 1 3 6	TxDOT Crash ID
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## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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Refer to Attached Code Sheet for Numbered Fields

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 0 2 / 1 1 / 2 0 2 1		*Crash Time (24HRMM) 0 6 0 0		Case ID 210011068		Local Use		
	*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 3 2 . 7 9 5 1 3		Longitude (decimal degrees) - 0 9 7 . 3 2 2 7 7				
	ROAD ON WHICH CRASH OCCURRED								
VEHICLE, DRIVER, & PERSONS	*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600		
	3 Street Prefix		*Street Name		4 Street Suffix				
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.						
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER									
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num. 2500	
3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST					
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker		Street Desc. HWY	
RRX Num.									
Unit Num. 119		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		LP Num. KFS8884	
VIN 1 F M 5 K 7 F 8 6 D G C 2 4 5 1 7									
Veh. Year 2 0 1 3		6 Veh. Color BRO		Veh. Make FORD		Veh. Model EXPLORER		7 Body Style SV	
<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)									
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 712		9 DL Class C		10 CDL End. 96	
11 DL Rest. A		DOB (MM/DD/YYYY) 0 5 / 0 7 / 1 9 7 0							
Address (Street, City, State, ZIP) 8304 TRICKHAM BEND FORT WORTH TX 76131									
Person Num. 1		12 Psn. Type 1		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line		14 Injury Severity	
15 Age 50		16 Sex W		17 Eject 1		18 Restr. 1		19 Airbag 5	
20 Helmet 97		21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		MOOS RUSSEL HOWARD		8304 TRICKHAM BEND		FORT WORTH TX 76131	
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE		Fin. Resp. Num. 930823462	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 6 -		RD - 5		27 Vehicle Damage Rating 2 12 -		FD - 5	
Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried							
Towed By CARDINAL TOWING		Towed To CARDINAL TOWING							
Unit Num. 120		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		LP Num. 99538P7	
VIN 5 N M S 5 C A A 1 L H 2 9 1 0 1 7									
Veh. Year 2 0 2 0		6 Veh. Color WHI		Veh. Make HYUNDAI		Veh. Model SANTA FE		7 Body Style SV	
<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)									
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 937		9 DL Class C		10 CDL End. 96	
11 DL Rest. 96		DOB (MM/DD/YYYY) 0 2 / 0 7 / 1 9 7 6							
Address (Street, City, State, ZIP) 14621 SAN MADRID TRAIL HASLET TX 76052									
Person Num. 1		12 Psn. Type 1		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line		14 Injury Severity	
15 Age 45		16 Sex W		17 Eject 1		18 Restr. 1		19 Airbag 5	
20 Helmet 97		21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		KLAPPRODT CATHLEEN GAIL		14621 SAN MADRID TRAIL		HASLET TX 76052	
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name TRAVELERS		Fin. Resp. Num. 6036993542221	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 -		RD -		27 Vehicle Damage Rating 2 -		FD -	
Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried							
Towed By CARDINAL TOWING		Towed To CARDINAL TOWING							

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068 TxDOT Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	120	1		LOCAL HOSP	SELF	/ /
					/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type
	31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR							
32 HazMat Class Num.									
33 Cargo Body Type									
34 Trlr. Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR								
35 Seq. 1									
35 Seq. 2									
35 Seq. 3									
35 Seq. 4									
Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No								
Actual Gross Weight									
Total Num. Axles:									

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
									98	3	97	3	2	6	96	

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE															

INVESTIGATOR	Time Notified (24HR:MM)	How Notified	Time Arrived (24HR:MM)	Report Date (MM/DD/YYYY)	ID Num.
		0 6 2 0	DISPATCH	0 6 4 0	0 3 / 0 1 / 2 0 2 1
Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) HARPER, G. MARTIN, K				
ORI Num.	T X 2 2 0 1 2 0 0				Agency FORT WORTH POLICE DEPARTMENT
					Service/Region/DA C E N T R L

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. 1 4 8	Total Num. 1 3 6	TxDOT Crash ID
Units	Prns.	

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

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Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION &amp; LOCATION

VEHICLE, DRIVER, &amp; PERSONS

VEHICLE, DRIVER, &amp; PERSONS

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use		
*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277				
ROAD ON WHICH CRASH OCCURRED								
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600		
3 Street Prefix		*Street Name		4 Street Suffix				
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Workers Present <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.						
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER								
At Int. <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST		
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker		
Street Desc. HWY		RRX Num.						
Unit Num. 121		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		
LP Num. KCY8844		VIN 3GCPCEC0H204690						
Veh. Year 2017		6 Veh. Color WHI		Veh. Make CHEVROLET		Veh. Model SILVERADO C1500		
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)						
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 014		9 DL Class C		
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 07/11/1980				
Address (Street, City, State, ZIP) 2748 TRIANGLE LEAF DR		KELLER		TX 76244				
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line		
14 Injury Severity 99		Age 40		15 Ethnicity W		16 Sex 1		
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97		
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97		
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.						
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address EMR ELEVATOR INC 2320 MICHIGAN CT		ARLINGTON TX 76016				
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ALLIED WORLD		Fin. Resp. Num. 60000341		
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 7-		
BR-7		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried				
Towed By BIVINS WRECKER		Towed To BIVINS WRECKER						
Unit Num. 122		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		
LP Num. JNP1739		VIN W1C2AFPXHA005904						
Veh. Year 2017		6 Veh. Color WHI		Veh. Make AUDI		Veh. Model Q5		
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)						
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 530		9 DL Class C		
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 05/06/1992				
Address (Street, City, State, ZIP) 12212 SWEET LEAF CT		FORT WORTH		TX 76244				
Person Num. 1		12 Psn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line		
14 Injury Severity A		Age 28		15 Ethnicity W		16 Sex 2		
17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97		
21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97		
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.						
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address WHITE DANIELLE NICOLE 12212 SWEET LEAF CT		FORT WORTH TX 76244				
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE		Fin. Resp. Num. 928172437		
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-6		27 Vehicle Damage Rating 2 6-		
RD-5		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried				
Towed By LONESTAR TOWING		Towed To LONESTAR TOWING						

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068 TxDOT Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)																	
	122	1	HARRIS METH	MEDSTAR 30	/ /																		
					/ /																		
					/ /																		
					/ /																		
					/ /																		
CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.																			
DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address																			
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.															
	Carrier's Corp. Name		Carrier's Primary Addr.		30 Veh. Type																		
	31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type															
	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No															
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles															
	36 Contributing Factors (Investigator's Opinion)		37 Vehicle Defects (Investigator's Opinion)		Environmental and Roadway Conditions																		
Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control												
					98	3	97	3	2	6	96												
FACTORS & CONDITIONS																							
NARRATIVE AND DIAGRAM																							
INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HRMM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	/	0	1	/	2	0	2	1
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) HARPER, G. MARTIN, K										ID Num.	3380-3421									
	ORI Num.	TX 22012000										*Agency	FORT WORTH POLICE DEPARTMENT					Service/Region/DA	C E N T R L				

DIAGRAM ON SEPARATE PAGE



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. Units	1 4 8	Total Num. Prsns.	1 3 6	TxDOT Crash ID
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## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

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\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION	* Crash Date (MM/DD/YYYY) 02/11/2021		* Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																																																												
	* County Name TARRANT				* City Name FORT WORTH				<input type="checkbox"/> Outside City Limit																																																										
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																																																												
	ROAD ON WHICH CRASH OCCURRED																																																																		
VEHICLE, DRIVER, & PERSONS	* 1 Rdwy. Sys. TL		* Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600		3 Street Prefix		* Street Name		4 Street Suffix																																																						
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.																																																						
	INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																																		
	At Int. <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																																																				
	Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker		Street Desc. HWY		RRX Num.																																																								
	Unit Num. 123		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State IN		LP Num. 2712385		VIN 3AKJHJFG7JJSJ20943																																																						
	Veh. Year 2018		6 Veh. Color WHI		Veh. Make FREIGHTLINER		Veh. Model UNKNOWN		7 Body Style TT		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																								
	8 DL/ID Type 1		DL/ID State FL		DL/ID Num. 190		9 DL Class 98		10 CDL End. 98		11 DL Rest. 98		DOB (MM/DD/YYYY) 06/09/1987																																																						
	Address (Street, City, State, ZIP) 1271 WOODMAN WAY ORLANDO FL 32818																																																																		
	<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Prsn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>SAINT LOT JEAN MARIE</td> <td>N</td> <td>33</td> <td>B</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td>2</td> <td>2</td> <td>13</td> <td>CLEMENT FRANTZ</td> <td>B</td> <td>36</td> <td>B</td> <td>1</td> <td>1</td> <td>97</td> <td>1</td> <td>97</td> <td>N</td> <td colspan="5">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>														Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	SAINT LOT JEAN MARIE	N	33	B	1	1	1	1	97	N	96		96	97	97	2	2	13	CLEMENT FRANTZ	B	36	B	1	1	97	1	97	N	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																																		
1	1	1	SAINT LOT JEAN MARIE	N	33	B	1	1	1	1	97	N	96		96	97	97																																																		
2	2	13	CLEMENT FRANTZ	B	36	B	1	1	97	1	97	N	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																						
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		RYDER TRUCK RENTAL INC 11690 NW 105TH ST MIAMI FL 33178																																																															
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name NATIONAL CONTINENTAL				Fin. Resp. Num. COH0005261854-0																																																											
Fin. Resp. Phone Num.				27 Vehicle Damage Rating 1 12- FD-7				27 Vehicle Damage Rating 2 - -				Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																							
Towed By MILNER TOWING				Towed To MILNER TOWING																																																															
VEHICLE, DRIVER, & PERSONS	Unit Num. 124		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State IN		LP Num. P187155		VIN 10W1A532885049873																																																						
	Veh. Year 2008		6 Veh. Color WHI		Veh. Make STANDARD TRAILER CO		Veh. Model NOT APPLICABLE		7 Body Style TL		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																								
	8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class		10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)																																																						
	Address (Street, City, State, ZIP)																																																																		
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	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		FEDEX GROUND 1000 FEDEX DR PITTSBURGH PA 15108																																																														
	Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name NATIONAL CONTINENTAL				Fin. Resp. Num. COH0005261854-0																																																										
	Fin. Resp. Phone Num.				27 Vehicle Damage Rating 1 6- RD-3				27 Vehicle Damage Rating 2 - -				Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																						
Towed By MILNER TOWING				Towed To MILNER TOWING																																																															

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068 TxDOT Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	123	2	LOCAL HOSPITAL	SELF	/ /	
				/ /		
				/ /		
				/ /		
				/ /		
				/ /		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	10,001+ LBS.	TRANSPORTING HAZARDOUS MATERIAL	9+ CAPACITY	CMV Disabling Damage?	Yes	No	28 Veh. Oper.	1	29 Carrier ID Type	1	Carrier ID Num.	02936569		
	Carrier's Corp. Name	SIMON EXPRESS			Carrier's Primary Addr.	545 METRO PLACE S ST #100 COLUMBUS OH 43017			30 Veh. Type	9					
31 Bus Type	0	RGVW	8,0,0,0,0	HazMat Released	Yes	No	32 HazMat Class Num.		HazMat ID Num.		32 HazMat Class Num.		33 Cargo Body Type	3	
Unit Num.	124	RGVW	6,5,0,0,0	34 Trlr. Type	2	CMV Disabling Damage?	Yes	No	Unit Num.		RGVW		34 Trlr. Type		
Sequence Of Events	35 Seq. 1	98	35 Seq. 2		35 Seq. 3		35 Seq. 4		Intermodal Shipping Container Permit	Yes	No	Actual Gross Weight		Total Num. Axles:	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
									98	3	97	3	2	6	96	

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE															

INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	0	1	2	0	2	1
	Invest. Comp.	Yes		No		Investigator Name (Printed)	HARPER, G. MARTIN, K				ID Num.	3380-3421									
ORI Num.	TX 2201200										*Agency	FORT WORTH POLICE DEPARTMENT									
											Service/Region/DA	C E N T R L									

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. Units	1 4 8	Total Num. Prsns.	1 3 6	TxDOT Crash ID
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## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

Page 125 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																																																							
*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit																																																					
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																																																									
ROAD ON WHICH CRASH OCCURRED																																																													
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600																																																							
3 Street Prefix		*Street Name		4 Street Suffix																																																									
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																							
Workers Present <input checked="" type="checkbox"/> No		Street Desc.																																																											
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																													
At Int. <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1																																																							
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																																																							
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker																																																							
Street Desc. HWY		RRX Num.																																																											
Unit Num. 125		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX																																																							
LP Num. CPY4837		VIN 1 F T W W 3 1 P 7 7 E A 9 3 8 2 8																																																											
Veh. Year 2007		6 Veh. Color WHI		Veh. Make FORD		Veh. Model F350																																																							
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																											
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 463		9 DL Class C																																																							
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 10/02/1973																																																									
Address (Street, City, State, ZIP) 1337 VALLET DR JUSTIN TX 76247																																																													
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<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		GEEP MECHANICAL 3640 8TH AVE FORT WORTH TX 76110																																																									
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name AMERISURE																																																							
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 6-																																																							
RD-7		Vehicle Inventoried <input checked="" type="checkbox"/> No																																																											
Towed By GUY SIMMONS TOWING		Towed To GUY SIMMONS TOWING																																																											
Unit Num. 126		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX																																																							
LP Num. NXX0230		VIN 1 H G C R 2 F 8 5 H A 1 8 7 8 9 8																																																											
Veh. Year 2017		6 Veh. Color GRY		Veh. Make HONDA		Veh. Model ACCORD																																																							
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																											
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 125		9 DL Class C																																																							
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 10/23/1986																																																									
Address (Street, City, State, ZIP) 2308 BLACKRAIL CT NORTHLAKE TX 76226																																																													
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<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		STATE FARM																																																									
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name STATE FARM																																																							
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 6-																																																							
RD-7		Vehicle Inventoried <input checked="" type="checkbox"/> No																																																											
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Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068 TxDOT Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	125	1		TARRANT COUNTY MORGUE	FORT WORTH FUNERALS AND CREMATIONS	0 2 / 1 1 / 2 0 2 1
126	1		TARRANT COUNTY MORGUE	FORT WORTH FUNERALS AND CREMATIONS	0 2 / 1 1 / 2 0 2 1	0 6 0 3
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
	Carrier's Corp. Name	Carrier's Primary Addr.			30 Veh. Type			
31 Bus Type	<input type="checkbox"/> RGWV	<input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
Unit Num.	<input type="checkbox"/> RGWV	<input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV	<input type="checkbox"/> GVWR	34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control		
								98	3	97	3	2	6	96		

NARRATIVE AND DIAGRAM	Time Notified (24HR:MM)		How Notified	Time Arrived (24HR:MM)		Report Date (MM/DD/YYYY)	
		0 6 2 0		DISPATCH	0 6 4 0	0 3 / 0 1 / 2 0 2 1	

INVESTIGATOR	Invest. Comp.	Investigator Name (Printed)	ID Num.
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HARPER, G. MARTIN, K	3380-3421

ORI Num.	*Agency	Service/Region/DA
T X 2 2 0 1 2 0 0	FORT WORTH POLICE DEPARTMENT	C E N T R L

DIAGRAM ON SEPARATE PAGE

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. 1 4 8	Total Num. 1 3 6	TxDOT Crash ID
Units	Prns.	

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

Page: 127 of 149

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																																																							
*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit																																																					
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																																																							
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INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																													
At Int. <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1																																																							
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																																																							
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker																																																							
Street Desc. HWY		RRX Num.																																																											
Unit Num. 127		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX																																																							
LP Num. MCMC4		VIN 5XXGXGT4L38JG181514																																																											
Veh. Year 2021		6 Veh. Color BLU		Veh. Make KIA		Veh. Model OPTIMA																																																							
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																											
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 915		9 DL Class C																																																							
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 01/20/1967																																																									
Address (Street, City, State, ZIP) 14804 CEDAR FLAT WAY ROANOKE TX 76262																																																													
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Prsn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>LLOYD RAYMOND JOHN</td> <td>B</td> <td>54</td> <td>W</td> <td>1</td> <td>1</td> <td>1</td> <td>5</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>								Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	LLOYD RAYMOND JOHN	B	54	W	1	1	1	5	97	N	96		96	97	97	Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
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1	1	1	LLOYD RAYMOND JOHN	B	54	W	1	1	1	5	97	N	96		96	97	97																																												
Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																													
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address MIKE CARLSON MTR CO INC 264 EXCHANGE ST BURLESON TX 76028																																																													
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name SELF INSURED Fin. Resp. Num. SELF INSURED																																																													
27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 6- RD-7 Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Inventoried																																																													
Towed By BIVINS TOWING Towed To BIVINS TOWING																																																													
Unit Num. 128		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX																																																							
LP Num. NCX3077		VIN 1FTEX1C46LKD79052																																																											
Veh. Year 2020		6 Veh. Color WHI		Veh. Make FORD		Veh. Model F150																																																							
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																											
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 778		9 DL Class C																																																							
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 11/27/1960																																																									
Address (Street, City, State, ZIP) 9460 LECHNER RD FORT WORTH TX 76179																																																													
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Prsn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>NORMAN WILLIAM M</td> <td>B</td> <td>60</td> <td>W</td> <td>1</td> <td>1</td> <td>1</td> <td>5</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="18">Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>								Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	NORMAN WILLIAM M	B	60	W	1	1	1	5	97	N	96		96	97	97	Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	
Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																												
1	1	1	NORMAN WILLIAM M	B	60	W	1	1	1	5	97	N	96		96	97	97																																												
Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																													
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address ENTERPRISE FM TRUST 9315 OLIVE BLVD ST LOUIS MO 63132																																																													
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name UNKNOWN Fin. Resp. Num. UNKNOWN																																																													
27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 6- RD-7 Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Inventoried																																																													
Towed By MILNER TOWING Towed To MILNER TOWING																																																													



Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	127	1		LOCAL HOSPITAL	SELF	/ /
128	1		LOCAL HOSPITAL	SELF	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
	Carrier's Corp. Name	Carrier's Primary Addr.			30 Veh. Type			
31 Bus Type	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR			HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.
33 Cargo Body Type								
Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR			34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWV <input type="checkbox"/> GVWR	34 Trlr. Type
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
									98	3	97	3	2	6	96	

NARRATIVE AND DIAGRAM	Time Notified (24HR:MM)		How Notified	Time Arrived (24HRMM)		Report Date (MM/DD/YYYY)	
		0	6	2	0	DISPATCH	0

INVESTIGATOR	Invest. Comp.	Investigator Name (Printed)	ID Num.
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HARPER, G.	MARTIN, K

ORI Num.	*Agency	Service/Region/DA
TX 22012000	FORT WORTH POLICE DEPARTMENT	CENTRAL

DIAGRAM ON SEPARATE PAGE

TxDOT Crash ID	
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Refer to Attached Code Sheet for Numbered Fields

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★=These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021										*Crash Time (24HRMM) 0600										Case ID 210011068										Local Use																																																																																																																																																																									
*County Name TARRANT																				*City Name FORT WORTH																				<input type="checkbox"/> Outside City Limit																																																																																																																																																															
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																				Latitude (decimal degrees) 32.79513																				Longitude (decimal degrees) -097.32277																																																																																																																																																															
ROAD ON WHICH CRASH OCCURRED																																																																																																																																																																																																							
*1 Rdwy. Sys. TL										*Hwy. Num. 35										2 Rdwy. Part 1										Block Num. 2600										3 Street Prefix										*Street Name										4 Street Suffix																																																																																																																																											
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot																				<input checked="" type="checkbox"/> Toll Road/Toll Lane																				Speed Limit										Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										Street Desc.																																																																																																																																	
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																																																																																																																																																																							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										1 Rdwy. Sys. LR										Hwy. Num.										2 Rdwy. Part 1										Block Num. 2500										3 Street Prefix NE										Street Name 28TH										4 Street Suffix ST																																																																																																																																	
Distance from Int. or Ref. Marker 1000										<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI										3 Dir. from Int. or Ref. Marker S										Reference Marker										Street Desc. HWY										RRX Num.																																																																																																																																																					
Unit Num. 129										5 Unit Desc. 1										<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run										LP State TX										LP Num. 00177H7										VIN 1GNFC13J17R231126																																																																																																																																																					
Veh. Year 2007										6 Veh. Color BLU										Veh. Make CHEVROLET										Veh. Model TAHOE C1500										7 Body Style SV										<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																																																																																																																					
8 DL/ID Type 99										DL/ID State UN										DL/ID Num.										9-DL Class 99										10 CDL End. 99										11 DL Rest. 99										DOB (MM/DD/YYYY)																																																																																																																																											
Address (Street, City, State, ZIP) UNKNOWN UNKNOWN UN UNK																																																																																																																																																																																																							
Person Num.										12 Prsn. Type										13 Seat Position										Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line										14 Injury Severity										Age										15 Ethnicity										16 Sex										17 Eject.										18 Restr.										19 Airbag										20 Helmet										21 Sol.										22 Alc. Spec.										Alc. Result										23 Drug Spec.										24 Drug Result										25 Drug Result										Category																			
1										99										1										UNKNOWN										UNKNOWN										UNK										99																				99										99										99										99										5										97										N										96																				96										97										97									
																																								Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																																																																																																																															
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee										Owner/Lessee Name & Address										CARROLL CHARLES										6301 SPOKANE DR										FORT WORTH TX 76179																																																																																																																																																															
Proof of Fin. Resp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										<input type="checkbox"/> Expired <input type="checkbox"/> Exempt										26 Fin. Resp. Type										Fin. Resp. Name										Fin. Resp. Num.																																																																																																																																																															
Fin. Resp. Phone Num.										27 Vehicle Damage Rating 1										12"										FD-7										27 Vehicle Damage Rating 2										6"										RD-7										Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																																																																																	
Towed By										BIVINS WRECKER										Towed To										BIVINS WRECKER																																																																																																																																																																									
Unit Num. 130										5 Unit Desc. 1										<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run										LP State TX										LP Num. MMK0537										VIN JMK3KE4CY0G0792851																																																																																																																																																					
Veh. Year 2016										6 Veh. Color BLK										Veh. Make MAZDA										Veh. Model CX-7										7 Body Style SV										<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																																																																																																																					
8 DL/ID Type 1										DL/ID State TX										DL/ID Num. 870										9 DL Class C										10 CDL End. 96										11 DL Rest. 96										DOB (MM/DD/YYYY) 10/30/1956																																																																																																																																											
Address (Street, City, State, ZIP) 6016 OAK HILL RD WATAUGA TX 76148																																																																																																																																																																																																							
Person Num.										12 Prsn. Type										13 Seat Position										Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line										14 Injury Severity										Age										15 Ethnicity										16 Sex										17 Eject.										18 Restr.										19 Airbag										20 Helmet										21 Sol.										22 Alc. Spec.										Alc. Result										23 Drug Spec.										24 Drug Result										25 Drug Result										Category																			
1										1										1										FRANCIS JEFFREY LYNN										A										64										W										1										1										1										5										97										N										96																				96										97										97																													
2										2										3										FRANCIS JENNIFER										A										50										W										2										1										1										5										97										N										Not Applicable -- Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																																					
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee										Owner/Lessee Name & Address										FRANCIS JEFFREY LYNN										6016 OAK HILL RD										WATAUGA TX 76148																																																																																																																																																															
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No										<input type="checkbox"/> Expired <input type="checkbox"/> Exempt										26 Fin. Resp. Type 1										Fin. Resp. Name FARMERS										Fin. Resp. Num. 44823994																																																																																																																																																															
Fin. Resp. Phone Num.										27 Vehicle Damage Rating 1										12"										FD-7										27 Vehicle Damage Rating 2										6"										RD-7										Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																																																																																	
Towed By										LONESTAR TOWING										Towed To										LONESTAR TOWING																																																																																																																																																																									

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)Case  
ID 210011068TxDOT  
Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	130	1		JOHN PETER SMITH	MEDSTAR63	/ /
130	2		JOHN PETER SMITH	MEDSTAR63	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
	Carrier's Corp. Name	Carrier's Primary Addr.				30 Veh. Type			
31 Bus Type	<input type="checkbox"/> RGW <input type="checkbox"/> GVWR	HazMat Released		<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
Unit Num.	<input type="checkbox"/> RGW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control		
								98	3	97	3	2	6	96		

NARRATIVE AND DIAGRAM	Time Notified (24HR:MM)		How Notified	Time Arrived (24HR:MM)		Report Date (MM/DD/YYYY)											
		0	6	2	0	DISPATCH	0	6	4	0	0	3	0	1	2	0	2

INVESTIGATOR	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	ID Num.
				HARPER, G. MARTIN, K

ORI Num.	Agency	Service/ Region/DA
T X 2 2 0 1 2 0 0	FORT WORTH POLICE DEPARTMENT	C E N T R L

DIAGRAM ON SEPARATE PAGE

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE
Total  
Num. 1 4 8  
UnitsTotal  
Num. 1 3 6  
Prsns.TxDOT  
Crash ID

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

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\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use	
*County Name TARRANT				*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277			
ROAD ON WHICH CRASH OCCURRED							
*1 Rdw. Sys. TL		*Hwy. Num. 35		2 Rdw. Part 1		Block Num. 2600	
3 Street Prefix		*Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdw. Sys. LR		Hwy. Num.		2 Rdw. Part 1	
Block Num. 2500		3 Street Prefix- NE		Street Name 28TH		4 Street Suffix ST	
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc. HWY		RRX Num.					
Unit Num. 131		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. BK2L525		VIN 1HGE5165X3L010533					
Veh. Year 2003		6 Veh. Color SIL		Veh. Make HONDA		Veh. Model CIVIC	
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99	
10 CDL End. 99		11 DL Rest. 99		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP)		UNKNOWN		UNKNOWN		UN UNK	
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity		Age		15 Ethnicity	
16 Sex		17 Eject.		18 Restr.		19 Airbag	
20 Helmet		21 Sol.		22 Alc. Spec.		23 Alc. Result	
24 Drug Spec.		25 Drug Result		26 Drug Result		27 Drug Category	
1		99		1		UNKNOWN UNKNOWN UNK	
99		99		99		1	
99		99		5		97	
96		96		97		97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		UNKNOWN UNKNOWN		UNK UNKNOWN UN UNK	
Proof of Fin. Resp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type		Fin. Resp. Name	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		12- FD-7		27 Vehicle Damage Rating 2	
6- RD-7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Towed By		PURRFECT TOWING		Towed To		PURRFECT TOWING	
Unit Num. 132		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX	
LP Num. MWB6163		VIN 4S4BTANCL3127148					
Veh. Year 2020		6 Veh. Color GRY		Veh. Make SUBARU		Veh. Model OUTBACK	
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 483		9 DL Class C	
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 09/02/1954			
Address (Street, City, State, ZIP)		12741LIZZIE PL		FORT WORTH TX		76244	
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle	
Enter Driver or Primary Person for this Unit on first line		14 Injury Severity		Age		15 Ethnicity	
16 Sex		17 Eject.		18 Restr.		19 Airbag	
20 Helmet		21 Sol.		22 Alc. Spec.		23 Alc. Result	
24 Drug Spec.		25 Drug Result		26 Drug Result		27 Drug Category	
1		1		1		SPRATLIN SHEREE WARNER	
A		66		W		2	
1		1		5		97	
96		96		97		97	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		SPRATLIN SHEREE WARNER		FORT WORTH TX 76244	
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name FARMERS INS	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		12- FD-7		27 Vehicle Damage Rating 2	
7- BL-7		Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Towed By		TEXAS TOWING		Towed To		TEXAS TOWING	

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068 TxDOT Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)						
	132	1	MEDICAL CITY FORT WORTH	MEDSTAR56	/ /							
					/ /							
					/ /							
					/ /							
					/ /							
CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.								
DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address								
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.				
	Carrier's Corp. Name		Carrier's Primary Addr.		30 Veh. Type							
	31-Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type				
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles				
	36 Contributing Factors (Investigator's Opinion)		37 Vehicle Defects (Investigator's Opinion)		Environmental and Roadway Conditions							
FACTORS & CONDITIONS	Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
						98	3	97	3	2	6	96
NARRATIVE AND DIAGRAM	<p style="text-align: center;">DIAGRAM ON SEPARATE PAGE</p>											
INVESTIGATOR	Time Notified (24HR:MM)	0 6 2 0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0 6 4 0	Report Date (MM/DD/YYYY)	0 3 / 0 1 / 2 0 2 1				
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	HARPER, G. MARTIN, K				ID Num.	3380-3421				
	ORI Num.	TX 2 2 0 1 2 0 0				*Agency	FORT WORTH POLICE DEPARTMENT					
	Service/Region/DA	C E N T R L										



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONETotal  
Units 1 4 8  
Total  
Prsns. 1 3 6  
TxDOT  
Crash ID

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

Page 133 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																																																																			
	*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit																																																																	
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																																																																					
	ROAD ON WHICH CRASH OCCURRED																																																																									
VEHICLE, DRIVER, & PERSONS	*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600		3 Street Prefix		*Street Name		4 Street Suffix																																																													
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.																																																															
	INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																																									
	At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num. 2500		3 Street Prefix NE		4 Street Suffix ST																																																													
	Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Markers		Reference Marker		Street Desc. HWY		RRX Num.																																																															
	Unit Num. 133		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		LP Num. CVY6348		VIN 1 F T R X 1 8 L 6 X K B 3 9 4 2 6																																																															
	Veh. Year 1999		6 Veh. Color BLK		Veh. Make FORD		Veh. Model F150		7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																															
	8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99		10 CDL End. 99		11 DL Rest. 99		DOB (MM/DD/YYYY) / /																																																													
	Address (Street, City, State, ZIP) UNKNOWN UNKNOWN UN UNK																																																																									
	<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Psn. Type</th> <th>13 Seat Position</th> <th colspan="3">Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>99</td> <td>1</td> <td>UNKNOWN</td> <td>UNKNOWN</td> <td>UNK</td> <td>99</td> <td></td> <td>99</td> <td>99</td> <td>1</td> <td>1</td> <td>2</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="14"></td> <td colspan="6">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>														Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line			14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	99	1	UNKNOWN	UNKNOWN	UNK	99		99	99	1	1	2	97	N	96		96	97	97															Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line			14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																																							
1	99	1	UNKNOWN	UNKNOWN	UNK	99		99	99	1	1	2	97	N	96		96	97	97																																																							
														Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																																																												
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address UNKNOWN UNKNOWN UNKNOWN UN UNK Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name FOREMOST COUNTY MUTUAL Fin. Resp. Phone Num. 43G00979206802 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 - - Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Towed By PURRFECT TOWING Towed To PURRFECT TOWING																																																																										
VEHICLE, DRIVER, & PERSONS	Unit Num. 134		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		LP Num. FCH2874		VIN J M 3 E R 2 B 5 1 B 0 3 6 6 5 1 3																																																															
	Veh. Year 2011		6 Veh. Color BLK		Veh. Make MAZDA		Veh. Model CX-7		7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																															
	8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 404		9 DL Class C		10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 10/29/1983																																																													
	Address (Street, City, State, ZIP) 1700 SUNFLOWER DR CORINTH TX 76210																																																																									
	<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Psn. Type</th> <th>13 Seat Position</th> <th colspan="3">Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>THOMAS</td> <td>BRIAN</td> <td>MICHAEL</td> <td>B</td> <td>37</td> <td>W</td> <td>1</td> <td>1</td> <td>1</td> <td>5</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="14"></td> <td colspan="6">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>														Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line			14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	THOMAS	BRIAN	MICHAEL	B	37	W	1	1	1	5	97	N	96		96	97	97															Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
	Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line			14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																																						
	1	1	1	THOMAS	BRIAN	MICHAEL	B	37	W	1	1	1	5	97	N	96		96	97	97																																																						
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	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee Owner/Lessee Name & Address THOMAS BRIAN MICHAEL 1700 SUNFLOWER DR CORINTH TX 76210 Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> Exempt 26 Fin. Resp. Type 1 Fin. Resp. Name ALLSTATE Fin. Resp. Phone Num. 836135388 27 Vehicle Damage Rating 1 12- FD-7 27 Vehicle Damage Rating 2 6- RD-5 Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Towed By TEXAS TOWING Towed To TEXAS TOWING																																																																									

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068 TxDOT Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)																					
	134	1	LOCAL HOSPITAL	SELF	/ /																						
					/ /																						
					/ /																						
					/ /																						
					/ /																						
CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.																							
DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address																							
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.																			
	Carrier's Corp. Name		Carrier's Primary Addr.		30 Veh. Type																						
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type																			
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No																			
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:																			
	36 Contributing Factors (Investigator's Opinion)		37 Vehicle Defects (Investigator's Opinion)		Environmental and Roadway Conditions																						
FACTORS & CONDITIONS	Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control															
						98	3	97	3	2	6	96															
NARRATIVE AND DIAGRAM	<p style="text-align: center;">DIAGRAM ON SEPARATE PAGE</p>																										
INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH		Time Arrived (24HR:MM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	/	0	1	/	2	0	2	1			
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)										HARPER, G.		MARTIN, K		ID Num.	3380-3421									
	ORI Num.	TX 22012000										*Agency FORT WORTH POLICE DEPARTMENT										Service/Region/DA	C E N T R L				

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. 1 4 8	Total Num. 1 3 6	TxDOT Crash ID
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## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

Page 135 of 149

\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																										
	*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit																								
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																												
	ROAD ON WHICH CRASH OCCURRED																																
VEHICLE, DRIVER, & PERSONS	*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600		3 Street Prefix		*Street Name		4 Street Suffix																				
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Workers Present <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Street Desc.																						
	INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																
	At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																		
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Markers		Reference Marker		Street Desc. HWY		RRX Num.																							
Unit Num. 135		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		LP Num. MWY2440		VIN 1FTEW1E54KKD69661																							
Veh. Year 2019		6 Veh. Color GRAY		Veh. Make FORD		Veh. Model F150		7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																							
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 031		9 DL Class C		10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 01/23/1982																					
Address (Street, City, State, ZIP) 1804 YOSEMITE LN								KELLER				TX 76248																					
Person Num. 1		12 Prsn. Type 1		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line		14 Injury Severity B		Age 39		15 Ethnicity W		16 Sex 1		17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97		21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97		25 Drug Category 97	
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		TROTTER DAVID		DENSON		KELLER		TX 76248																							
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name ALLSTATE		Fin. Resp. Num. 886817956																									
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		12 -		FD - 7		27 Vehicle Damage Rating 2		-		Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																					
Towed By TEXAS TOWING		Towed To TEXAS TOWING																															
Unit Num. 136		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		LP Num. KBM0726		VIN WA1C2AF1G113018																							
Veh. Year 2016		6 Veh. Color BLK		Veh. Make AUDI		Veh. Model Q5		7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																							
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 486		9 DL Class C		10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 05/07/1971																					
Address (Street, City, State, ZIP) 4805 CARGILL CIR								KELLER				TX 76244																					
Person Num. 1		12 Prsn. Type 1		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line		14 Injury Severity A		Age 49		15 Ethnicity H		16 Sex 2		17 Eject. 1		18 Restr. 1		19 Airbag 5		20 Helmet 97		21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97		25 Drug Category 97	
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		HERRERA EDUARDO		FORT WORTH TX 76244																											
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name PROGRESSIVE		Fin. Resp. Num. 53458265																									
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		12 -		FD - 7		27 Vehicle Damage Rating 2		6 -		RD - 7		Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																			
Towed By PURRFECT TOWING		Towed To PURRFECT TOWING																															

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068 TxDOT Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	135	1	LOCAL HOSPITAL	SELF	/ /	
	136	1	HARRIS METHODIST DOWNTOWN	MEDSTAR30	/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
	Carrier's Corp. Name		Carrier's Primary Addr.				30 Veh. Type	
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing		May Have Contrib.	Contributing	May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control		
									98	3	97	3	2	6	96	

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE													

INVESTIGATOR	Time-Notified (24HR:MM)	How Notified	Time Arrived (24HR:MM)	Report Date (MM/DD/YYYY)
	0 6 2 0	DISPATCH	0 6 4 0	0 3 / 0 1 / 2 0 2 1
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) HARPER, G. MARTIN, K	ID Num. 3380-3421	

ORI Num.	*Agency	Service/Region/DA
T X 2 2 0 1 2 0 0	FORT WORTH POLICE DEPARTMENT	C E N T R L



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Total Num. 1 4 8	Total Prsns. 1 3 6	TxDOT Crash ID
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## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

Page 137 of 149

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION	*Crash Date- (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																																																												
	*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit																																																										
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																																																												
	ROAD ON WHICH CRASH OCCURRED																																																																		
VEHICLE, DRIVER, & PERSONS	*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600		3 Street Prefix		*Street Name		4 Street Suffix																																																						
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.																																																						
	INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																																		
	At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																																																				
Distance from Int. or Ref. Marker 1000				<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Markers		Reference Marker		Street Desc. HWY		RRX Num.																																																							
Unit Num. 137		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State FL		LP Num. R1CII		VIN 3D7K1U28CX4G283330																																																							
Veh. Year 2004		6 Veh. Color RED		Veh. Make DODGE		Veh. Model RAM 2500		7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																									
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 136		9 DL Class C		10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 06/29/1990																																																							
Address (Street, City, State, ZIP) 4304 TRANQUILITY DR FORT WORTH TX 76244																																																																			
<table border="1"> <thead> <tr> <th>Person Num.</th> <th>12 Psn. Type</th> <th>13 Seat Position</th> <th>Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line</th> <th>14 Injury Severity</th> <th>Age</th> <th>15 Ethnicity</th> <th>16 Sex</th> <th>17 Eject.</th> <th>18 Restr.</th> <th>19 Airbag</th> <th>20 Helmet</th> <th>21 Sol.</th> <th>22 Alc. Spec.</th> <th>Alc. Result</th> <th>23 Drug Spec.</th> <th>24 Drug Result</th> <th>25 Drug Category</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>1</td> <td>PATEL MARK LEON</td> <td>B</td> <td>30</td> <td>W</td> <td>1</td> <td>1</td> <td>1</td> <td>2</td> <td>97</td> <td>N</td> <td>96</td> <td></td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td colspan="14"></td> <td colspan="4">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.</td> </tr> </tbody> </table>														Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	1	1	1	PATEL MARK LEON	B	30	W	1	1	1	2	97	N	96		96	97	97															Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.			
Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																																		
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<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		PATEL MARK LEON 4304 TRANQUILITY DR FORT WORTH TX 76244																																																															
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name UNKNOWN		Fin. Resp. Num. UNKNOWN																																																													
Fin. Resp. Phone Num.				27 Vehicle Damage Rating 1 12- FD-7				27 Vehicle Damage Rating 2 3- RP-6				Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																							
Towed By GUY SIMMONS				Towed To GUY SIMMONS																																																															
VEHICLE, DRIVER, & PERSONS	Unit Num. 138		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State TX		LP Num. HYF3713		VIN 1FTFW1CV9AFC62152																																																						
	Veh. Year 2010		6 Veh. Color MAR		Veh. Make FORD		Veh. Model F150		7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																								
	8 DL/ID Type 99		DL/ID State UN		DL/ID Num.		9 DL Class 99		10 CDL End. 99		11 DL Rest. 99		DOB (MM/DD/YYYY) / /																																																						
	Address (Street, City, State, ZIP) UNKNOWN UNKNOWN UN UNK																																																																		
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Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category																																																		
1	99	1	UNKNOWN UNKNOWN UNK	99	99	99	1	1	2	97	N	96		96	97	97																																																			
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<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		LEE THOMAS JR 136 NAVAJO DR KELLER TX 76248																																																															
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name GEICO		Fin. Resp. Num. 4451596441																																																													
Fin. Resp. Phone Num.				27 Vehicle Damage Rating 1 12- FD-7				27 Vehicle Damage Rating 2 - -				Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																							
Towed By LONE STAR TOWING				Towed To LONE STAR																																																															



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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	137	1		LOCAL HOSPITAL	SELF	/ /
					/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
	Carrier's Corp. Name	Carrier's Primary Addr.				30 Veh. Type			
31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released		<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
									98	3	97	3	2	6	96	

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE															

INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HRMM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	/	0	1	/	2	0	2	1
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)				HARPER, G.				MARTIN, K				ID Num. 3380-3421								
ORI Num.	T X 2 2 0 1 2 0 0				*Agency				FORT WORTH POLICE DEPARTMENT				Service/ Region/DA				C E N T R L						

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. Units	1	4	8
Total Num. Prsns.	1	3	6

TxDOT Crash ID.

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

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\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use		
	*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277				
	ROAD ON WHICH CRASH OCCURRED								
VEHICLE, DRIVER, & PERSONS	*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600		
	3 Street Prefix		*Street Name		4 Street Suffix				
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.						
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER									
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num. 2500	
3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST					
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker		Street Desc. HWY	
RRX Num.									
Unit Num. 139		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		LP Num. JXM2353	
VIN 2G1W G5E37D1189481									
Veh. Year 2013		6 Veh. Color GRY		Veh. Make CHEVROLET		Veh. Model IMPALA		7 Body Style P4	
<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)									
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 328		9 DL Class C		10 CDL End. 96	
11 DL Rest. 96		DOB (MM/DD/YYYY) 05/13/1988							
Address (Street, City, State, ZIP) 5013 SHACKLEFORD FORT WORTH TX 76119									
Person Num. 1		12 Prsn. Type 1		13 Seat Position		Name: Last, First, Middle ARMSTRONG ALEXANDER JACQUETTE		14 Injury Severity B	
15 Age 32		16 Sex B		17 Eject. 1		18 Restr. 1		19 Airbag 5	
20 Helmet 97		21 Sol. N		22 Alc. Spec. 96		23 Drug Spec. 96		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address ARMSTRONG ALEXANDER JACQUETTE		5013 SHACKLEFORD		FORT WORTH TX 76119			
Proof of Fin. Resp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type		Fin. Resp. Name		Fin. Resp. Num.	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 6-		RD-7		27 Vehicle Damage Rating 2 12-		FD-5	
Vehicle Inventoried <input checked="" type="checkbox"/> No									
Towed By PURRFECT TOWING		Towed To PURRFECT TOWING							
Unit Num. 140		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		LP Num. LHD1926	
VIN 1GYS4N KJ8FR740992									
Veh. Year 2021		6 Veh. Color SIL		Veh. Make CADILLAC		Veh. Model ESCALADE		7 Body Style SV	
<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)									
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 531		9 DL Class C		10 CDL End. 96	
11 DL Rest. 96		DOB (MM/DD/YYYY) 09/02/1970							
Address (Street, City, State, ZIP) 821 BIG SKY WAY ARGYLE TX 76226									
Person Num. 1		12 Prsn. Type 1		13 Seat Position		Name: Last, First, Middle DANIEL LESLIE S		14 Injury Severity B	
15 Age 50		16 Sex W		17 Eject. 1		18 Restr. 2		19 Airbag 97	
20 Helmet N		21 Sol. 96		22 Alc. Spec. 96		23 Drug Spec. 97		24 Drug Result 97	
25 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address DANIEL LESLIE S		821 BIG SKY WAY		ARGYLE TX 76226			
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name FARMERS		Fin. Resp. Num. 44226567	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-4		27 Vehicle Damage Rating 2 -		FD-4	
Vehicle Inventoried <input checked="" type="checkbox"/> No									
Towed By TEXAS TOWING		Towed To TEXAS TOWING							

Law Enforcement and TxDOT Use ONLY.  
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ID 210011068TxDOT  
Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	139	1		LOCAL HOSPITAL	SELF	/ /
140	1		LOCAL HOSPITAL	SELF	/ /	
					/ /	
					/ /	
					/ /	
					/ /	

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address	

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.	30 Veh. Type			
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR				HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type	
Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR				34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		34 Trlr. Type	CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight		Total Num. Axles:				

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.		Contributing	May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
									98	3	97	3	2	6	96	

NARRATIVE AND DIAGRAM	DIAGRAM ON SEPARATE PAGE															

INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HR:MM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	/	0	1	/	2	0	2	1			
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					Investigator Name (Printed)	HARPER, G.	MARTIN, K					ID Num.	3380-3421											
ORI Num.	TX 22012000				*Agency	FORT WORTH POLICE DEPARTMENT										Service/ Region/DA	CENTRAL									

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. 1 4 8	Total Prsns. 1 3 6	TxDOT Crash ID
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## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

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\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

* Crash Date (MM/DD/YYYY) 0 2 / 1 1 / 2 0 2 1		* Crash Time (24HRMM) 0 6 0 0		Case ID 210011068		Local Use		
* County Name TARRANT				* City Name FORT WORTH				<input type="checkbox"/> Outside City Limit
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 3 2 . 7 9 5 1 3		Longitude (decimal degrees) - 0 9 7 . 3 2 2 7 7				
ROAD ON WHICH CRASH OCCURRED								
* 1 Rdwy. Sys. TL		* Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600		
3 Street Prefix		* Street Name		4 Street Suffix				
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Workers Present <input checked="" type="checkbox"/> No		Street Desc.						
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER								
At Int. <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST		
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker		
Street Desc. HWY		RRX Num.						
Unit Num. 141		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		
LP Num. DJZ7317		VIN S A L A E 2 5 4 X 6 A 3 7 0 9 7 7						
Veh. Year 2 0 0 6		6 Veh. Color BLU		Veh. Make LAND ROVER		Veh. Model LR3		
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)						
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 878		9 DL Class C		
10 CDL End. 96		11 DL Rest. A		DOB (MM/DD/YYYY) 1 1 / 1 2 / 1 9 5 4				
Address (Street, City, State, ZIP) 7733 MARBLE CANYON DR FORT WORTH TX 76137								
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line								
Person Num. 1		12 Psn. Type 1		13 Seat Position		Name: THOMASON LINDA G		
14 Injury Severity B		Age 66		Ethnicity W		Sex 2		
17 Eject. 1		18 Restr. 1		19 Airbag 1		20 Helmet 97		
21 Sol. N		22 Alc. Spec. 96		23 Alc. Result		24 Drug Spec. 96		
25 Drug Result 97		26 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.				
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee								
Owner/Lessee Name & Address THOMASON JOHN 7733 MARBLE CANYON DR FORT WORTH TX 76137								
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired		26 Fin. Resp. Type 1		Fin. Resp. Name FARMERS		Fin. Resp. Num. 45566488		
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12"		FD-3		27 Vehicle Damage Rating 2 -		
Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried						
Towed By BIVINS TOWING				Towed To BIVINS TOWING				
Unit Num. 142		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		
LP Num. MDD5120		VIN 5 X Y P G D A 5 9 J G 3 5 2 4 5 3						
Veh. Year 2 0 1 4		6 Veh. Color WHI		Veh. Make FORD		Veh. Model F150		
7 Body Style PK		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)						
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 219		9 DL Class CM		
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 0 4 / 2 1 / 1 9 8 8				
Address (Street, City, State, ZIP) 4059 TULIP TREE DR FORT WORTH TX 76137								
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line								
Person Num. 1		12 Psn. Type 1		13 Seat Position		Name: BIRD IAN P		
14 Injury Severity B		Age 32		Ethnicity W		Sex 1		
17 Eject. 1		18 Restr. 1		19 Airbag 2		20 Helmet 97		
21 Sol. N		22 Alc. Spec. 96		23 Alc. Result		24 Drug Spec. 96		
25 Drug Result 97		26 Drug Category 97		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.				
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee								
Owner/Lessee Name & Address BIRD IAN P 4059 TULIP TREE DR FORT WORTH TX 76137								
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired		26 Fin. Resp. Type 1		Fin. Resp. Name USAA		Fin. Resp. Num. 027225590 7101		
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12"		FD-6		27 Vehicle Damage Rating 2 -		
Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried						
Towed By BIVINS TOWING				Towed To BIVINS TOWING				

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068 TxDOT Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)																		
	141	1	LOCAL HOSPITAL	SELF	/ /																			
	142	1	LOCAL HOSPITAL	SELF	/ /																			
					/ /																			
					/ /																			
					/ /																			
CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.																				
DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address																				
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.																
	Carrier's Corp. Name		Carrier's Primary Addr.				30 Veh. Type																	
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type																
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No																
	Sequence of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:																
	36 Contributing Factors (Investigator's Opinion)		37 Vehicle Defects (Investigator's Opinion)		Environmental and Roadway Conditions																			
FACTORS & CONDITIONS	Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control												
						98	3	97	3	2	6	96												
NARRATIVE AND DIAGRAM	<p style="text-align: center;">DIAGRAM ON SEPARATE PAGE</p>																							
INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH		Time Arrived (24HRMM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	/	0	1	/	2	0	2	1
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)		HARPER, G.		MARTIN, K		ID Num.		3380-3421														
	ORI Num.	TX 22012000					*Agency FORT WORTH POLICE DEPARTMENT					Service/Region/DA		CENTRL										



Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. Units	1	4	8
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Total Num. Prsns.	1	3	6
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TxDOT Crash ID	
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## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

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★=These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600	Case ID 210011068	Local Use															
*County Name TARRANT		*City Name FORT WORTH		<input type="checkbox"/> Outside City Limit															
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277															
ROAD ON WHICH CRASH OCCURRED																			
*1 Rdwy. Sys. TL	*Hwy. Num. 35	2 Rdwy. Part 1	Block Num. 2600	3 Street Prefix  *Street Name 	4 Street Suffix 														
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll Road/Toll Lane	Speed Limit 	Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Street Desc.													
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																			
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1 Rdwy. Sys. LR	Hwy. Num. 	2 Rdwy. Part 1	Block Num. 2500	3 Street Prefix NE	Street Name 28TH	4 Street Suffix ST												
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker S	Reference Marker 	Street Desc. HWY	RRX Num. 													
Unit Num. 143	5 Unit Desc. 1	<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run	LP State TX	LP Num. NVD5172	VIN 1C6SRFJT4LN395289														
Veh. Year 2020	6 Veh. Color WHI	Veh. Make DODGE	Veh. Model RAM 1500	7 Body Style PK	<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)														
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 117	9 DL Class C	10 CDL End. 96	11 DL Rest. 96	DOB (MM/DD/YYYY) 04/24/1986													
Address (Street, City, State, ZIP) 506 RANCHWOOD DR JUSTIN TX 76247																			
Person Num. 1	12 Psn. Type 1	13 Seat Position 1	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line OSBORNE WESLEY ADAM			14 Injury Severity N	Age 34	15 Ethnicity W	16 Sex 1	17 Eject. 1	18 Restr. 1	19 Airbag 1	20 Helmet 97	21 Sol. N	22 Alc. Spec. 96	Alc. Result 	23 Drug Spec. 96	24 Drug Result 97	25 Drug Category 97
																	Not Applicable – Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.		
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address SABER POWER SERVICES 9841 SABER POWER LN ROSHARON TX 77583		Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> Exempt Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1	Fin. Resp. Name GREAT NORTHERN	Fin. Resp. Num. 73617769	27 Vehicle Damage Rating 1 6- RD-2		27 Vehicle Damage Rating 2 -	-	Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Towed By CARDINAL TOWING		Towed To CARDINAL TOWING																	
Unit Num. 144	5 Unit Desc. 1	<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run	LP State TX	LP Num. MKM2960	VIN 1N4BL4BV5LC153790														
Veh. Year 2020	6 Veh. Color SIL	Veh. Make NISSAN	Veh. Model ALTIMA	7 Body Style P4	<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)														
8 DL/ID Type 1	DL/ID State TX	DL/ID Num. 974	9 DL Class C	10 CDL End. 96	11 DL Rest. 96	DOB (MM/DD/YYYY) 12/03/1968													
Address (Street, City, State, ZIP) 409 CLAIREMONT AVE FORT WORTH TX 76103																			
Person Num. 1	12 Psn. Type 1	13 Seat Position 1	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line GOULD LORENZO			14 Injury Severity B	Age 52	15 Ethnicity B	16 Sex 1	17 Eject. 1	18 Restr. 1	19 Airbag 5	20 Helmet 97	21 Sol. N	22 Alc. Spec. 96	Alc. Result 	23 Drug Spec. 96	24 Drug Result 97	25 Drug Category 97
																	Not Applicable – Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.		
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address EAN HOLDINGS LLC 14002 EAST 21ST ST #1500 TULSA OK 74134		Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> Exempt Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1	Fin. Resp. Name TEXAS FARM BUREAU	Fin. Resp. Num. 23229982	27 Vehicle Damage Rating 1 12- FD-7		27 Vehicle Damage Rating 2 3-	R&T-7	Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Towed By MILNER TOWING		Towed To MILNER TOWING																	

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)Case  
ID 210011068TxDOT  
Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)										
	144	1	LOCAL HOSPITAL	SELF	/ /											
					/ /											
					/ /											
					/ /											
					/ /											
CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.												
DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address												
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.								
	Carrier's Corp. Name		Carrier's Primary Addr.		30 Veh. Type											
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type								
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No								
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:								
	36 Contributing Factors (Investigator's Opinion)		37 Vehicle Defects (Investigator's Opinion)		Environmental and Roadway Conditions											
FACTORS & CONDITIONS	Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway- Alignment	43 Surface Condition	44 Traffic Control				
						98	3	97	3	2	6	96				
NARRATIVE AND DIAGRAM	<p style="text-align: center;">DIAGRAM ON SEPARATE PAGE</p>															
INVESTIGATOR	Time Notified (24HR:MM)		0 6 2 0		How Notified		DISPATCH		Time Arrived (24HRMM)		0 6 4 0		Report Date (MM/DD/YYYY)		0 3 / 0 1 / 2 0 2 1	
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Investigator Name (Printed) HARPER, G. MARTIN, K										ID Num. 3380-3421			
	ORI Num. TX 2 2 0 1 2 0 0		*Agency FORT WORTH POLICE DEPARTMENT										Service/ Region/DA C E N T R L			

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE
Total  
Num. 1 4 8  
UnitsTotal  
Num. 1 3 6  
Prsns.TxDOT  
Crash ID

## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

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\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use		
*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277		
ROAD ON WHICH CRASH OCCURRED								
*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600		
3 Street Prefix		*Street Name		4 Street Suffix				
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				<input checked="" type="checkbox"/> Toll Road/ Toll Lane		Speed Limit		
Const. Zone		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Street Desc.								
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER								
At <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		
Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST		
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker		
Street Desc. HWY		RRX Num.						
Unit Num. 145		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		
LP State TX		LP Num. FLY1363		VIN 2GKFLRE39F6220122				
Veh. Year 2015		6 Veh. Color BLK		Veh. Make GMC		Veh. Model TERRAIN		
7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)						
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 641		9 DL Class C		
10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 02/13/1995				
Address (Street, City, State, ZIP) 1012 KEYSTONE CT DENTON TX 76207								
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line		
14 Injury Severity		Age		15 Ethnicity		16 Sex		
17 Eject.		18 Restr.		19 Airbag		20 Helmet		
21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.		
24 Drug Result		25 Drug Category						
1		1		1		ROBINSON JESSE		
B		25		W		1		
1		1		1		2		
97		N		96				
96		97		97		97		
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.								
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		WISE SHELBY 2606 DURANGO RIDGE DR		BEDFORD TX 76021		
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name USAA		Fin. Resp. Num. 020332195 7101		
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-7		27 Vehicle Damage Rating 2 -		
Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried						
Towed By		ALLIANCE TOWING KELLER		Towed To		ALLIANCE TOWING KELLER		
Unit Num. 146		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		
LP State TX		LP Num. CFP1992		VIN 3FADP4BJ4EM110683				
Veh. Year 2014		6 Veh. Color GRY		Veh. Make FORD		Veh. Model FIESTA		
7 Body Style P4		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)						
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 284		9 DL Class A		
10 CDL End. 96		11 DL Rest. P17		DOB (MM/DD/YYYY) 03/14/1989				
Address (Street, City, State, ZIP) 14637 SUNDG WAY HASLET TX 76052								
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line		
14 Injury Severity		Age		15 Ethnicity		16 Sex		
17 Eject.		18 Restr.		19 Airbag		20 Helmet		
21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.		
24 Drug Result		25 Drug Category						
1		1		1		GARCIA RAMIREZ JULIO		
B		31		H		1		
1		1		1		1		
97		N		96				
96		97		97		97		
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.								
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		OJEDA JANNET 4916 SAUCER DR		HALTOM CITY TX 76117		
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name STATE FARM		Fin. Resp. Num. 216 1313-L07-43H 002		
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 12-		FD-3		27 Vehicle Damage Rating 2 -		
Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Inventoried						
Towed By		LONESTAR TOWING		Towed To		LONESTAR TOWING		

Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068 TxDOT Crash ID

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)															
	145	1	JOHN PETER SMITH	SELF	/ /																
	146	1	LOCAL HOSPITAL	SELF	/ /																
					/ /																
					/ /																
					/ /																
CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.																	
DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address																	
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.													
	Carrier's Corp. Name		Carrier's Primary Addr.		30 Veh. Type																
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type													
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No													
FACTORS & CONDITIONS	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:													
	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)		Environmental and Roadway Conditions														
	Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads													
						41 Roadway Type	42 Roadway Alignment	43 Surface Condition													
NARRATIVE AND DIAGRAM																					
INVESTIGATOR	Time Notified (24HR:MM)	0	6	2	0	How Notified	DISPATCH	Time Arrived (24HRMM)	0	6	4	0	Report Date (MM/DD/YYYY)	0	3	0	1	2	0	2	1
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)		HARPER, G.		MARTIN, K		ID Num.		3380-3421											
	ORI Num.	TX 22012000		*Agency		FORT WORTH POLICE DEPARTMENT		Service/Region/DA		C E N T R L											

- DIAGRAM ON SEPARATE PAGE

Law Enforcement and TxDOT Use ONLY

☒ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. 1 4 8	Total Prsns. 1 3 6	TxDOT Crash ID
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## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

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\* = These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 02/11/2021		*Crash Time (24HRMM) 0600		Case ID 210011068		Local Use																															
	*County Name TARRANT				*City Name FORT WORTH				<input type="checkbox"/> Outside City Limit																													
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 32.79513		Longitude (decimal degrees) -097.32277																																	
	ROAD ON WHICH CRASH OCCURRED																																					
VEHICLE, DRIVER, & PERSONS	*1 Rdwy. Sys. TL		*Hwy. Num. 35		2 Rdwy. Part 1		Block Num. 2600		3 Street Prefix		*Street Name		4 Street Suffix																									
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input checked="" type="checkbox"/> Toll-Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.																											
	INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																					
	At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. Sys. LR		Hwy. Num.		2 Rdwy. Part 1		Block Num. 2500		3 Street Prefix NE		Street Name 28TH		4 Street Suffix ST																							
Distance from Int. or Ref. Marker 1000		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker		Street Desc. HWY		RRX Num.																												
VEHICLE, DRIVER, & PERSONS	Unit Num. 147		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		LP Num. MMX2133		VIN 3GNKBGRS4KS666930																											
	Veh. Year 2019		6 Veh. Color WHI		Veh. Make CHEVROLET		Veh. Model BLAZER		7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																											
	8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 792		9 DL Class A		10 CDL End. -96		11 DL Rest. K		DOB (MM/DD/YYYY) 03/19/1971																									
	Address (Street, City, State, ZIP) 829 AMBERWOOD CT HASLET TX 76052																																					
VEHICLE, DRIVER, & PERSONS	Person Num. 1		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line				14 Injury Severity		Age		15 Ethnicity		16 Sex		17 Eject		18 Restr.		19 Airbag		20 Helmet		21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.		24 Drug Result		25 Drug Category	
	1		1		1		PENNINGTON CHRISTOPHER				B		49		W		1		1		1		1		97		N		96				96		97		97	
VEHICLE, DRIVER, & PERSONS	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		JR'S CRANE AND EXCAVATION 5420 HWY-69 GREENEVILLE TX 75402																																	
	Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name SELF		Fin. Resp. Num. SELF																													
	Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		12"		FD-7		27 Vehicle Damage Rating 2		-		-		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																							
	Towed By TEXAS TOWING		Towed To TEXAS TOWING																																			
VEHICLE, DRIVER, & PERSONS	Unit Num. 148		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State TX		LP Num. GGB0398		VIN 1FM5K7B89GGB36541																											
	Veh. Year 2016		6 Veh. Color SIL		Veh. Make FORD		Veh. Model EXPLORER		7 Body Style SV		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																											
	8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 063		9 DL Class C		10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 04/17/1958																									
	Address (Street, City, State, ZIP) 8021 ARLIE LN NORTH RICHLAND HILLS TX 76182																																					
VEHICLE, DRIVER, & PERSONS	Person Num. 1		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line				14 Injury Severity		Age		15 Ethnicity		16 Sex		17 Eject		18 Restr.		19 Airbag		20 Helmet		21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.		24 Drug Result		25 Drug Category	
	1		1		1		EZELLE BRENT REID				N		62		W		1		1		1		2		97		N		96				96		97		97	
VEHICLE, DRIVER, & PERSONS	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address		TARRANT COUNTY 100 E WEATHERFORD ST #303 FORT WORTH TX 76196																																	
	Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 1		Fin. Resp. Name SELF		Fin. Resp. Num. SELF																													
	Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		6"		RD-7		27 Vehicle Damage Rating 2		12"		FD-7		Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																							
	Towed By TEXAS TOWING		Towed To TEXAS TOWING																																			



Law Enforcement and TxDOT Use ONLY.  
Form CR-3 (Rev. 1/1/2018)

Case ID 210011068

TxDOT  
Crash ID

Page 148 of 149

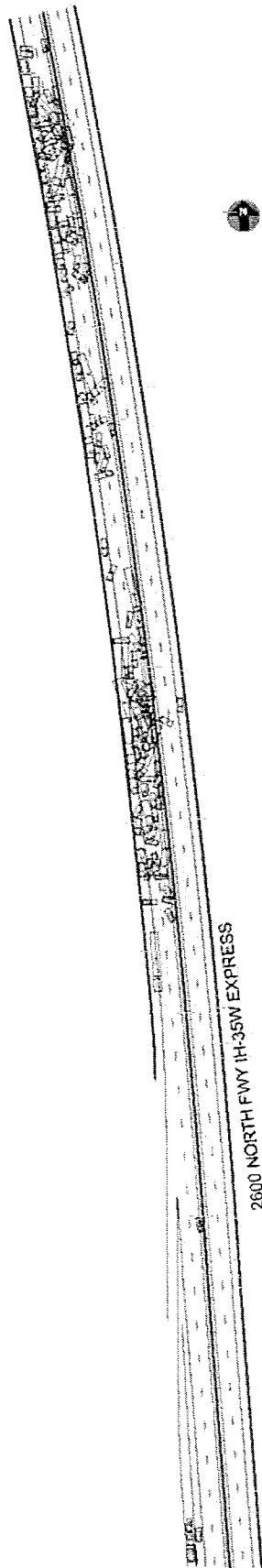
DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)										
	147	1	JOHN PETER SMITH	MEDSTAR27	/ /											
					/ /											
					/ /											
					/ /											
					/ /											
CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.												
DAMAGE	Damaged Property Other Than Vehicles		Owner's Name		Owner's Address											
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.								
	Carrier's Corp. Name		Carrier's Primary Addr.		30 Veh. Type											
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type								
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No								
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles:								
FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control				
						98	3	97	3	2	6	96				
NARRATIVE AND DIAGRAM	<p style="text-align: center;">DIAGRAM ON SEPARATE PAGE</p>															
INVESTIGATOR	Time Notified (24HR:MM)		0 6 2 0		How Notified		DISPATCH		Time Arrived (24HRMM)		0 6 4 0		Report Date (MM/DD/YYYY)		0 3 / 0 1 / 2 0 2 1	
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)		HARPER, G.		MARTIN, K		ID Num.		3380-3421					
	ORI Num.	TX 2 2 0 1 2 0 0		Agency		FORT WORTH POLICE DEPARTMENT		Service/Region/DA		C E N T R L						

Law Enforcement and TxDOT Use ONLY.  
DIAGRAM

Case ID 210011068

TxDOT Crash ID

Page 149 of 149



0 150 300

210011068  
DET. K.G. MARTIN 3421  
TRAFFIC INVESTIGATIONS



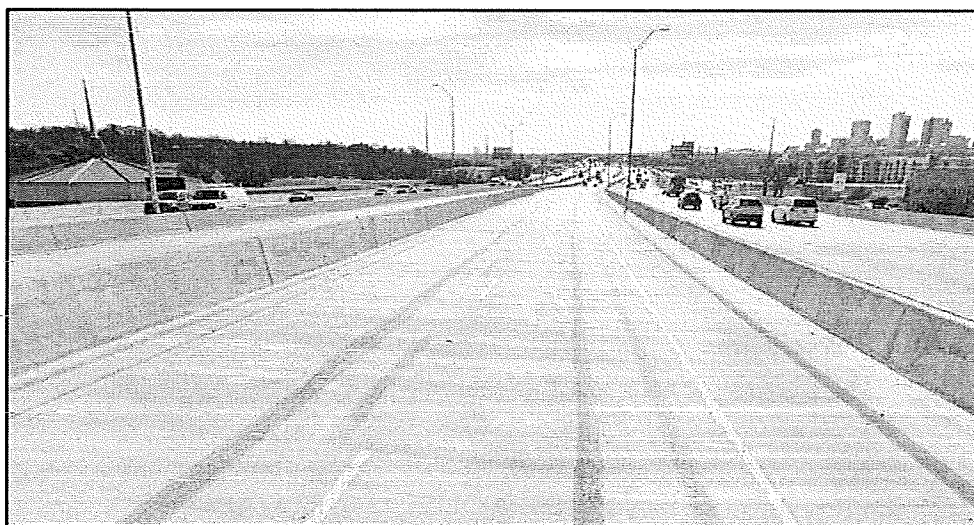
## PRELIMINARY REPORT

### HIGHWAY

### HWY21FH005

*The information in this report is preliminary and will be supplemented or corrected during the course of the investigation.*

On Thursday, February 11, 2021, about 6:00 a.m. central standard time, a multivehicle crash occurred in the southbound toll lanes of Interstate 35 West (I-35W), in Fort Worth, Tarrant County, Texas. The crash happened near the exit to Northside Drive and involved about 130 vehicles.<sup>1</sup> The southbound traffic lanes consisted of two toll lanes and three general-use lanes. The posted speed limit was 75 mph for the toll lanes and 65 mph for the general-use lanes. The southbound toll lanes were separated from the northbound toll lanes by a 42-inch-high sloped concrete barrier and from the southbound general-use lanes by a 36-inch-high back-to-back concrete rail barrier (figure 1).



**Figure 1.** Approximate location of crash, looking south. (Source: Google Earth image from January 2020)

In the days before the crash, the area had experienced 36 consecutive hours of below-freezing temperatures. In anticipation of forecast freezing rain and sleet, NTE Mobility Partners Segments 3 (NTEMP S3) reported that they had pretreated the traffic lanes with an Ice Slicer NM

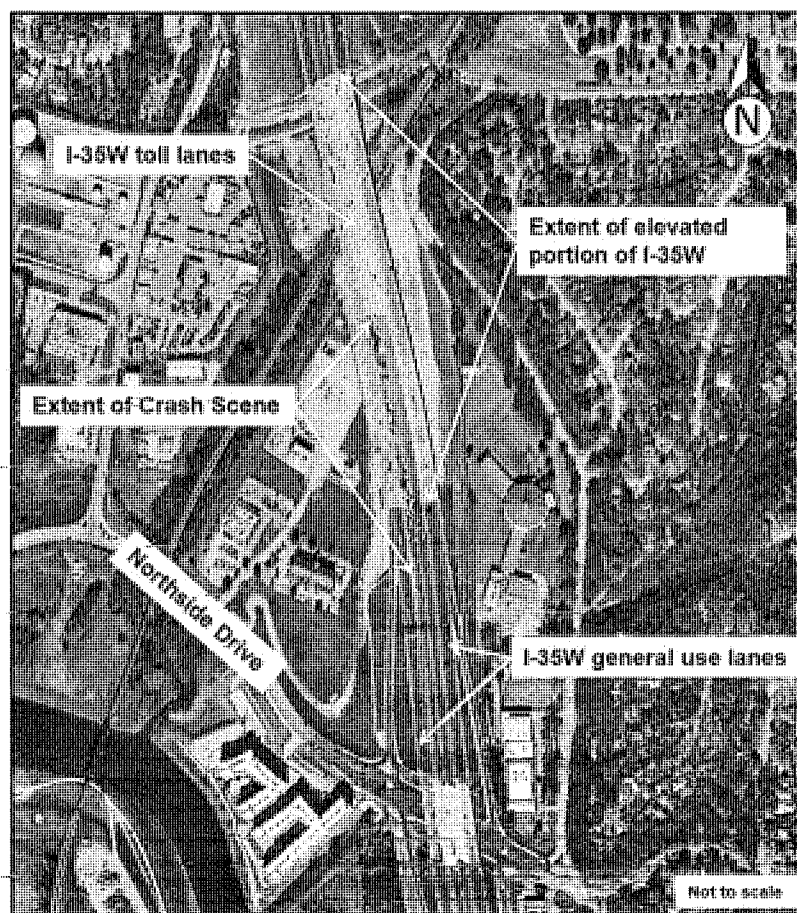
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<sup>1</sup>The Fort Worth Police Department, the local investigating authority, documented the crash using the state's CR-3 crash report. The report uses "traffic units," which treat truck-tractor semitrailer combination vehicles as two units—the power unit (the truck-tractor) and the towed unit (the semitrailer). The police department's report states that 148 traffic units were involved in the crash, including 32 truck-tractor semitrailer combination units, 114 passenger vehicle units, and 2 units classified as pedestrians.

brine solution.<sup>2</sup> The solution was applied to the two southbound toll lanes in the vicinity of the crash on February 9 at 10:12 a.m.

About 4 hours before the crash, the weather station at Fort Worth Meacham International Airport, about 3 miles northwest of the crash site, reported light freezing rain and freezing mist. At 3:40 a.m., the dynamic message signs managed by NTEMP S3 along the southbound toll lanes began displaying the message, “ICY CONDITIONS EXIST / PLEASE USE CAUTION.” The message was based on information from an earlier crash at 3:08 a.m., when icy road conditions existed at I-35W and Western Center Boulevard, about 5 miles north of the crash site.

The crash involved a combination of commercial and passenger vehicles and covered a segment of roadway approximately 1,100 feet long (figure 2). As a result of the crash, 6 people were fatally injured. Two of the fatally injured people were pedestrians who exited their vehicles and were struck on the road. The other fatally injured people had remained inside their vehicles. Thirty-six vehicle occupants were transported to area hospitals for treatment of their injuries.



**Figure 2.** Crash scene (Source: Adapted from Google Earth).

<sup>2</sup> (a) Segments 3 refers to I-35W. NTE Mobility Partners, through a separate legal entity, operates and maintains other segments along Interstate 820 and State Highway 183 in the Fort Worth area. (b) Ice Slicer NM (also known as Ice Slicer CB) is available as a commercial product and comprises sodium chloride, magnesium chloride, potassium chloride, and calcium chloride. Sodium chloride makes up 90 to 98 percent of the brine solution.

NTEMP S3 was responsible for operations and maintenance in the I-35W right-of-way, which included toll lanes, general-use lanes, and frontage roads. The crash occurred in a segment of the road that had opened to traffic on April 5, 2018.

The National Transportation Safety Board (NTSB) is conducting a focused investigation to examine the road treatment strategies used to address the freezing conditions. NTEMP S3, the Texas Department of Transportation, the Fort Worth Police Department, the Fort Worth Fire Department, and the Metropolitan Area EMS Authority are supporting the NTSB in the investigation.



A-16

**HARTLINE  
BARGER** LLP

Electronically Filed  
8/4/2021 4:37 PM  
Hidalgo County District Clerk  
Reviewed By Alessandra Galvan  
Houston, Texas 77056  
T: 713.759.1990  
F: 713.652.2419

August 4, 2021

**Via E-file**

Honorable Judge Fernando Mancias  
93<sup>rd</sup> Judicial District Court of Hidalgo  
100 N. Closner, 2<sup>nd</sup> Floor  
Edinburg, Texas 78539

Re: Cause No. C-1550-21-B; *Christopher Pennington vs. FedEx Ground Package System, Inc., et al.*; In the 93rd District of Hidalgo County, Texas.

Dear Honorable Judge Mancias:

Please provide certified copies of all filings in the above reference matter along with the Docket Sheet. The fee of \$724.00 for copies of these documents is being paid for along with the filing of this letter. We will send a courier to your offices when ready to pick up these documents per our conversation with Alessandra at the 93<sup>rd</sup> window of Hidalgo County District Clerk's office. Please contact Belinda Johnson at 713-951-4209 when ready for pick up.

Thank you for your assistance.

Sincerely,



Peter C. Blomquist

DATE 8/5/2021  
A true copy I certify  
LAURA HINOJOSA  
District Clerk, Hidalgo County, Texas  
By [Signature] Deputy #34

PCB/bj

# EXHIBIT B



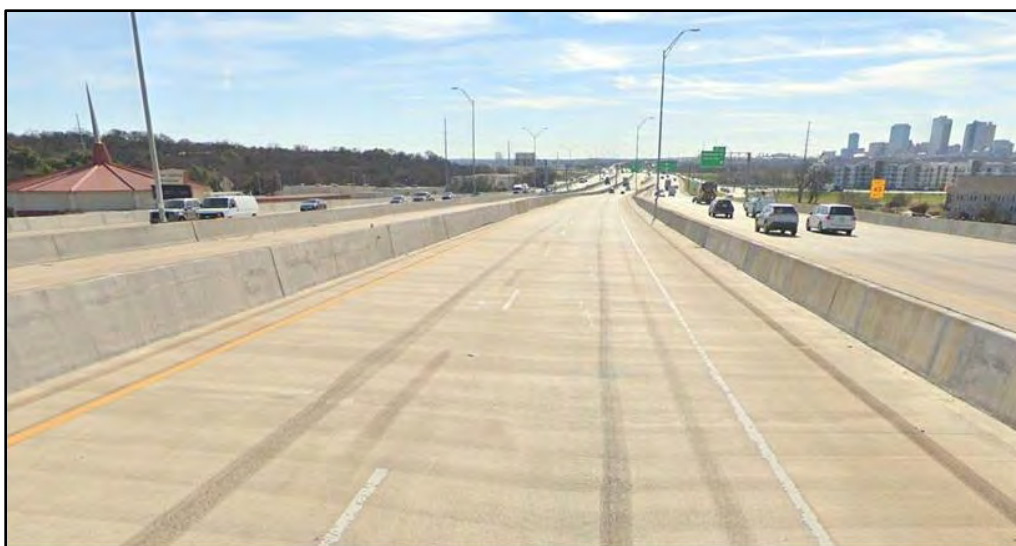
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The National Transportation Safety Board (NTSB) is conducting a focused investigation to examine the road treatment strategies used to address the freezing conditions. NTEMP S3, the Texas Department of Transportation, the Fort Worth Police Department, the Fort Worth Fire Department, and the Metropolitan Area EMS Authority are supporting the NTSB in the investigation.

# EXHIBIT C



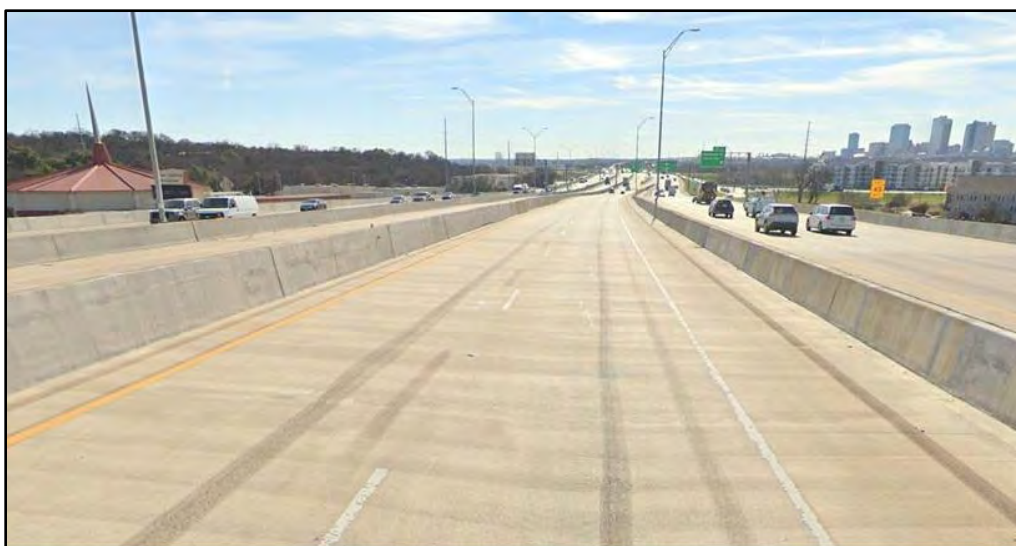
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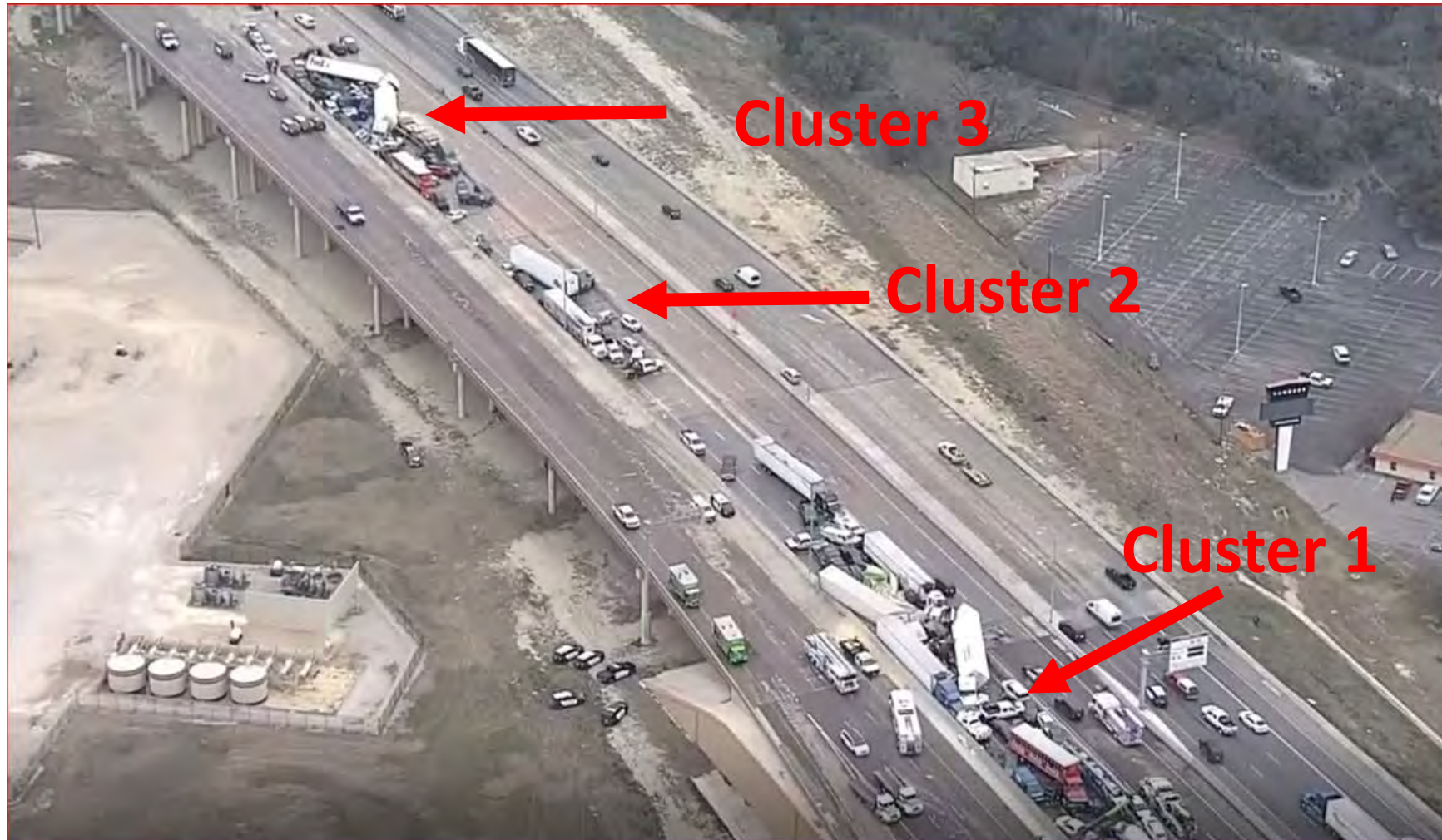


# EXHIBIT D

# FXG – Fort Worth Pile Up

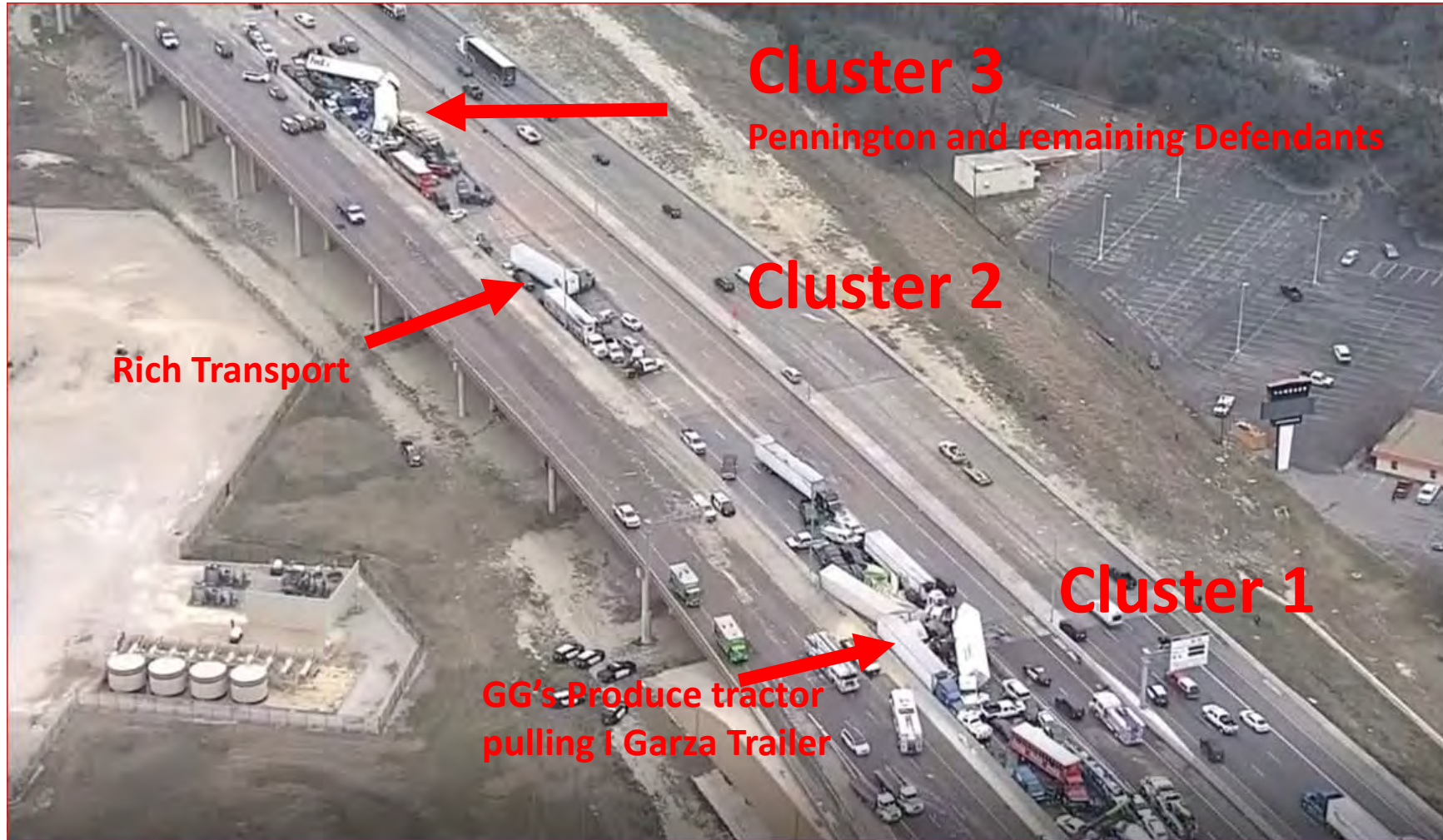
Location of Plaintiff Christopher Pennington (Located in 3<sup>rd</sup> Cluster in Pile Up) And Location of Defendants

# Fort Worth Pile Up Clusters

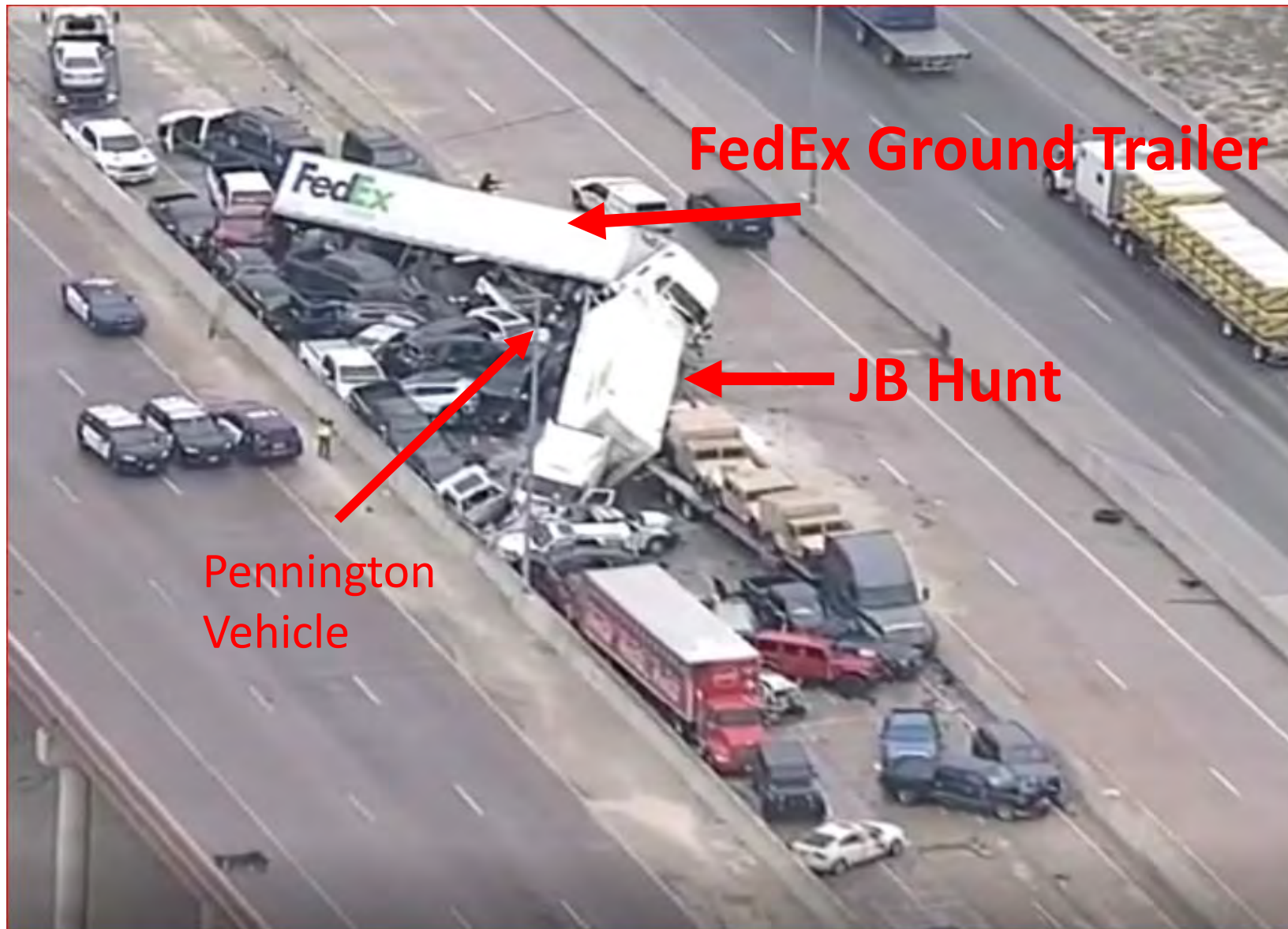




# Fort Worth Pile Up Clusters

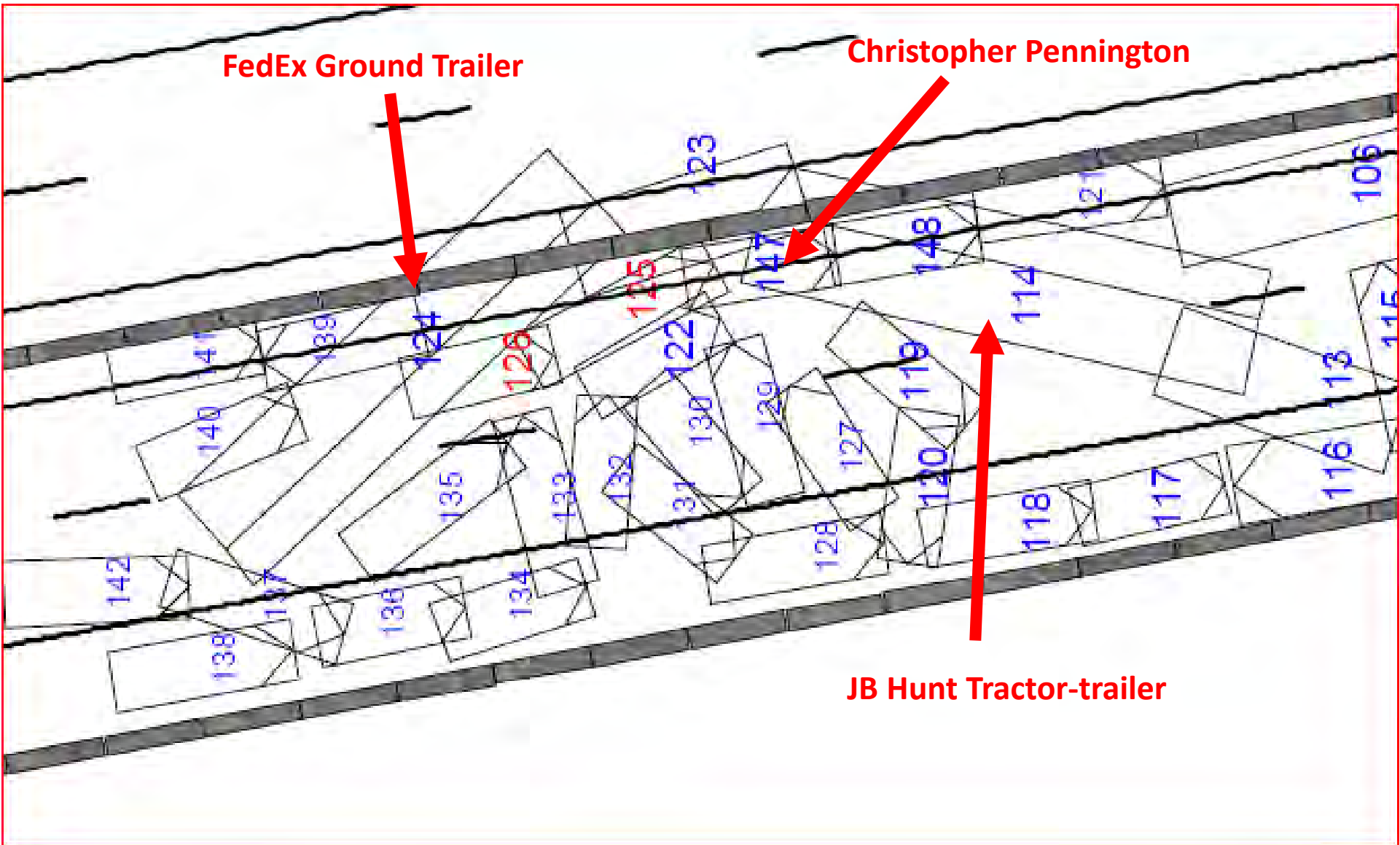


## Location of Parties-Cluster 3





## Location of Defendants-Cluster 3



# EXHIBIT E

**ENTERED**

July 16, 2021

Nathan Ochsner, Clerk

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF TEXAS  
MCALLEN DIVISION

MARK PATEL; et al.

Plaintiffs,

VS.

FEDEX GROUND PACKAGE SYSTEM,  
INC.; et al.

Defendants.

§  
§  
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§  
§  
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§

CIVIL ACTION NO. 7:21-cv-00244

**ORDER**

The Court now considers Defendant Fedex Grounds Package System, Inc.'s notice of removal.<sup>1</sup> Defendant Fedex alleges subject matter jurisdiction on the basis of diversity of citizenship under 28 U.S.C. § 1332, because the two non-diverse Defendants in this case were improperly and fraudulently joined.<sup>2</sup>

**I. BACKGROUND**

Plaintiffs filed their original petition in Hidalgo County Court on February 22, 2021.<sup>3</sup> Plaintiffs are residents of Texas.<sup>4</sup> While Defendants Fedex Ground Package System, Inc.; J.B. Hunt Transport, Inc.; Go To Logistics, Inc.; Rich Transport, LLC; and Coca-Cola Southwest Beverage, LLC are not citizens of Texas, Defendants GG's Produce, LLC and Carlos Ruvalcaba are both citizens of Texas.<sup>5</sup>

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<sup>1</sup> Dkt. No. 1.

<sup>2</sup> *Id.* at 2, ¶ 3.

<sup>3</sup> Dkt. No. 1-2 at 11.

<sup>4</sup> *Id.* at 1.

<sup>5</sup> Dkt. No. 1 at 3-4 (Plaintiff also joined unknown Defendants as John Does 1-6, but the Court disregards the citizenship of fictitious defendants in determining whether an action is removable on the basis of diversity jurisdiction. *See* 28 U.S.C. § 1441(b)(1).).

Defendant Fedex removed this case on June 16, 2021.<sup>6</sup> All named Defendants consented to removal in this case.<sup>7</sup> Defendant Fedex alleges that removal is proper on the basis of diversity because Defendants GG's Produce and Carlos Ruvalcaba are improperly and fraudulently joined.<sup>8</sup>

## II. LEGAL STANDARD

It is a “well-settled principle that litigants can never consent to federal subject matter jurisdiction, and the lack of subject matter jurisdiction is a defense that cannot be waived.”<sup>9</sup> District courts have limited jurisdiction and the authority to remove an action from state to federal court is solely conferred by the Constitution or by statute.<sup>10</sup> While the Court has jurisdiction to determine its jurisdiction,<sup>11</sup> it cannot exercise any “judicial action” other than dismissal when the Court lacks jurisdiction.<sup>12</sup> “Removal [to federal court] is proper only if that court would have had original jurisdiction over the claim.”<sup>13</sup> The Court determines its jurisdiction by considering the plaintiff's claims as they existed at the time of removal,<sup>14</sup> which cannot be defeated by the plaintiff's later amendment.<sup>15</sup>

If the removing party claims federal diversity jurisdiction under 28 U.S.C. § 1332, the removing party must demonstrate complete diversity: that each defendant is a citizen of a

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<sup>6</sup> Dkt. No. 1.

<sup>7</sup> Dkt. Nos. 13–17.

<sup>8</sup> Dkt. No. 1 at 4–14.

<sup>9</sup> *Gonzalez v. Guilbot*, 255 F. App'x 770, 771 (5th Cir. 2007) (citing *Coury v. Prot*, 85 F.3d 244, 248 (5th Cir.1996)); see 28 U.S.C. § 1447(c).

<sup>10</sup> *Kokkonen v. Guardian Life Ins. Co. of Am.*, 511 U.S. 375, 377 (1994).

<sup>11</sup> *United States v. Ruiz*, 536 U.S. 622, 628 (2002) (“[I]t is familiar law that a federal court always has jurisdiction to determine its own jurisdiction.”).

<sup>12</sup> *Steel Co. v. Citizens for a Better Env't*, 523 U.S. 83, 94 (1998).

<sup>13</sup> *Heritage Bank v. Redcom Labs., Inc.*, 250 F.3d 319, 323 (5th Cir. 2001); accord *Halmekangas v. State Farm Fire & Cas. Co.*, 603 F.3d 290, 294 (5th Cir. 2010).

<sup>14</sup> *Campbell v. Stone Ins., Inc.*, 509 F.3d 665, 668 n.2 (5th Cir. 2007); see *Pullman Co. v. Jenkins*, 305 U.S. 534, 537 (1939) (holding that removal is to be “determined according to the plaintiffs' pleading at the time of the petition for removal”).

<sup>15</sup> *Cavallini v. State Farm Mut. Auto Ins. Co.*, 44 F.3d 256, 265 (5th Cir. 1995).

different state from each plaintiff<sup>16</sup> and the amount in controversy exceeds \$75,000.<sup>17</sup> Accordingly, “[w]hen original federal jurisdiction is based on diversity . . . a defendant may remove only ‘if none of the parties in interest properly joined and served as defendants is a citizen of the State in which such action is brought.’”<sup>18</sup> Citizenship, domicile, and residency are frequently conflated terms; for diversity jurisdiction purposes, a person is a citizen of the state where that person resides and has an intention to remain or make his or her home, and a business entity is typically a citizen of the state both where it is incorporated and where it has its principal place of business.<sup>19</sup> “The removing party, the party seeking the federal forum, bears the burden of showing that federal jurisdiction exists and that removal was proper,”<sup>20</sup> and must overcome this Court’s presumption that cases lie outside its narrow jurisdiction.<sup>21</sup> “Each factual issue necessary to support subject matter jurisdiction ‘must be supported in the same way as any other matter on which the plaintiff bears the burden of proof, i.e., with the manner and degree of evidence required at the successive stages of the litigation.’”<sup>22</sup>

If each defendant is not a citizen of a different state from each plaintiff, a party—usually a removing defendant—may claim that the plaintiff improperly or fraudulently joined parties to defeat federal diversity jurisdiction. The citizenship of an improperly joined party is then disregarded in determining the Court’s jurisdiction.<sup>23</sup> The doctrines of fraudulent or improper

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<sup>16</sup> *Corfield v. Dall. Glen Hills LP*, 355 F.3d 853, 857 (5th Cir. 2003); see *McLaughlin v. Miss. Power Co.*, 376 F.3d 344, 353 (5th Cir. 2004) (quotation omitted) (“[A]ll persons on one side of the controversy [must] be citizens of different states than all persons on the other side.”).

<sup>17</sup> *Lincoln Prop. Co. v. Roche*, 546 U.S. 81, 89 (2005).

<sup>18</sup> *Gasch v. Hartford Acc. & Indem. Co.*, 491 F.3d 278, 281 (5th Cir. 2007) (quoting 28 U.S.C. § 1441(b)).

<sup>19</sup> *Wachovia Bank v. Schmidt*, 546 U.S. 303, 318 (2006); *MidCap Media Fin., L.L.C. v. Pathway Data, Inc.*, 929 F.3d 310, 313–14 (5th Cir. 2019); *Acridge v. Evangelical Lutheran Good Samaritan Soc’y*, 334 F.3d 444, 451 (5th Cir. 2003).

<sup>20</sup> *Manguno v. Prudential Prop. & Cas. Ins. Co.*, 276 F.3d 720, 723 (5th Cir. 2002); accord *McNutt v. Gen. Motors Acceptance Corp.*, 298 U.S. 178, 189 (1936).

<sup>21</sup> *Howery v. Allstate Ins. Co.*, 243 F.3d 912, 916 (5th Cir. 2001).

<sup>22</sup> *Sharkey v. Quarantillo*, 541 F.3d 75, 83 (2d Cir. 2008) (quoting *Lujan v. Defenders of Wildlife*, 504 U.S. 555, 561 (1992)), quoted in *MidCap Media Fin.*, 929 F.3d at 315 n.\*.

<sup>23</sup> *Smallwood v. Ill. Cent. R.R.*, 385 F.3d 568, 572 (5th Cir. 2004) (en banc) (quoting 28 U.S.C. § 1441(b)).



joinder ensure “that the presence of an improperly joined, non-diverse defendant does not defeat federal removal jurisdiction premised on diversity.”<sup>24</sup> There is a heavy burden upon the party claiming improper or fraudulent joinder.<sup>25</sup> The Fifth Circuit has “recognized two ways to establish improper joinder: ‘(1) actual fraud in the pleading of jurisdictional facts, or (2) inability of the plaintiff to establish a cause of action against the non-diverse party in state court.’”<sup>26</sup> The Court determines “whether [the plaintiff] has *any possibility of recovery* against the party whose joinder is questioned. If there is arguably a *reasonable basis* for predicting that the state law might impose liability on the facts involved, then there is no fraudulent joinder. This *possibility, however, must be reasonable*, not merely theoretical.”<sup>27</sup> To test this reasonable basis for recovery, the Court may resolve the issue with a two-step analysis. First, “[t]he court may conduct a [Federal Rule of Civil Procedure] 12(b)(6)-type analysis, looking initially at the allegations of the complaint to determine whether the complaint states a claim under state law against the in-state defendant.”<sup>28</sup> The Court uses federal pleading standards in assessing the state court complaint.<sup>29</sup> A Rule 12(b)(6) analysis “leaves intact the well-pleaded complaint doctrine with all its intended reach,”<sup>30</sup> so the analysis accepts all well-pled facts in the complaint as true and interprets those facts in the light most favorable to the plaintiff, then asks whether the plaintiff has alleged “enough facts to state a claim to relief that is plausible on its face.”<sup>31</sup> The

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<sup>24</sup> *Borden v. Allstate Ins. Co.*, 589 F.3d 168, 171 (5th Cir. 2009).

<sup>25</sup> *Travis v. Irby*, 326 F.3d 644, 649 (5th Cir. 2003) (citing *B., Inc. v. Miller Brewing Co.*, 663 F.2d 545, 549 (5th Cir. 1981)).

<sup>26</sup> *Smallwood*, 385 F.3d at 573 (quoting *Travis v. Irby*, 326 F.3d 644, 647 (5th Cir. 2003)).

<sup>27</sup> *Travis*, 326 F.3d at 648 (quoting *Great Plains Tr. Co. v. Morgan Stanley Dean Witter & Co.*, 313 F.3d 305, 312 (5th Cir. 2002)).

<sup>28</sup> *Smallwood*, 385 F.3d at 573.

<sup>29</sup> *Int'l Energy Ventures Mgmt. v. United Energy Grp.*, 818 F.3d 193, 200 (5th Cir. 2016).

<sup>30</sup> *Smallwood*, 385 F.3d at 576.

<sup>31</sup> *Doe ex rel. Magee v. Covington Cnty. Sch. Dist. ex rel. Keys*, 675 F.3d 849, 854 (5th Cir. 2012) (en banc) (citing *Bell Atl. Corp. v. Twombly*, 550 U.S. 544, 570 (2007)).

Court does not make credibility determinations or discount the complaint's factual allegations.<sup>32</sup> "A claim has facial plausibility when the plaintiff pleads factual content that allows the court to draw the reasonable inference that the defendant is liable for the misconduct alleged. . . . Threadbare recitals of the elements of a cause of action, supported by mere conclusory statements, do not suffice."<sup>33</sup> If a complaint can survive a Rule 12(b)(6) analysis, there is no improper joinder as to that party.<sup>34</sup> "[T]he existence of even a single valid cause of action against in-state defendants (despite the pleading of several unavailing claims) requires remand of the entire case to state court."<sup>35</sup> But if "there is no reasonable basis for the district court to predict that the plaintiff might be able to recover against an in-state defendant," the party was improperly joined.<sup>36</sup>

In instances in which the propriety of joinder is still questionable after the Rule 12(b)(6)-like analysis, or if the plaintiff has misstated or omitted facts that would determine the propriety of joinder, the Court may in its discretion pierce the pleadings and conduct a "summary inquiry" to consider "summary judgment-type evidence such as affidavits and deposition testimony" but will not pretry factual issues.<sup>37</sup>

While a district court has jurisdiction to determine its own jurisdiction, the focus of the inquiry "must be on the joinder, not the merits of the plaintiff's case."<sup>38</sup> Importantly, "removal statutes are to be strictly construed against removal; doubts as to removal are resolved in favor of

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<sup>32</sup> *Neitzke v. Williams*, 490 U.S. 319, 327 (1989).

<sup>33</sup> *Ashcroft v. Iqbal*, 556 U.S. 662, 678 (2009).

<sup>34</sup> *Int'l Energy Ventures Mgmt.*, 818 F.3d at 200.

<sup>35</sup> *Gray ex rel. Rudd v. Beverly Enters.-Miss., Inc.*, 390 F.3d 400, 412 (5th Cir. 2004).

<sup>36</sup> *McDonal v. Abbott Labs.*, 408 F.3d 177, 183 (5th Cir. 2005) (quoting *Smallwood*, 385 F.3d at 573).

<sup>37</sup> *Hart v. Bayer Corp.*, 199 F.3d 239, 246–47 (5th Cir. 2000); *McDonal v. Abbott Labs.*, 408 F.3d 177, 183 n.6 (5th Cir. 2005).

<sup>38</sup> *Int'l Energy Ventures Mgmt.*, 818 F.3d at 209–10 (quoting *Smallwood*, 385 F.3d at 573); *see Smallwood*, 385 F.3d at 576 (emphasis added) ("When a defendant removes a case to federal court on a claim of improper joinder, the district court's first inquiry is whether the removing party has carried its heavy burden of proving that the *joinder* was improper. Indeed, until the removing party does so, the court does not have the authority to do more; it lacks the jurisdiction to dismiss the case on its merits. It must remand to the state court.").

remanding the case to state court.”<sup>39</sup> Specifically, the Court will resolve all legal and factual issues, doubts, and ambiguities in favor of remand,<sup>40</sup> because the exercise of jurisdiction over a removed case “deprives a state court of a case properly before it and thereby implicates important federalism concerns.”<sup>41</sup>

### III. ANALYSIS

In its notice of removal, Defendant Fedex argues that Defendants GG’s Produce and Carlos Ruvalcaba, the driver of Coca-Cola Southwest Beverage, LLC’s vehicle, are improperly and fraudulently joined because “Plaintiffs have no possibility of establishing a cause of action against them and they have no real connection with the claims against the other defendants.”<sup>42</sup> Specifically, Defendant Fedex alleges that because of Defendants GG’s Produce’s and Carlos Ruvalcaba’s locations in the 148-vehicle pile-up and intervening causes—including ice and other vehicles—they could not have proximately caused Plaintiffs’ injuries.<sup>43</sup>

Defendant Fedex’s motion impermissibly seeks to have the Court determine the merits of Plaintiffs’ case.<sup>44</sup> While the Court agrees that the location of the vehicles or potential intervening causes may preclude recovery as to Defendant GG’s Produce, it cannot say the same about Defendant Carlos Ruvalcaba without delving into the merits of the case.

<sup>39</sup> *Tebon v. Travelers Ins. Co.*, 392 F. Supp. 2d 894, 898 (S.D. Tex. 2005) (Jack, J.) (citing *Shamrock Oil & Gas Corp. v. Sheets*, 313 U.S. 100 (1941) & *Acuna v. Brown & Root, Inc.*, 200 F.3d 335, 339 (5th Cir. 2000)).

<sup>40</sup> *Lorenz v. Tex. Workforce Comm’n*, 211 F. App’x 242, 245 (5th Cir. 2006) (citing *Guillory v. PPG Indus.*, 434 F.3d 303, 308 (5th Cir. 2005)); see also *Rico v. Flores*, 481 F.3d 234, 239 (5th Cir. 2007) (alterations in original) (quoting *Griggs v. State Farm Lloyds*, 181 F.3d 694, 699 (5th Cir. 1999)) (“[T]he district court is ‘obliged to resolve any contested issues of material fact, and any ambiguity or uncertainty in the controlling state law, in [the plaintiff’s] favor.’”).

<sup>41</sup> *Frank v. Bear Stearns & Co.*, 128 F.3d 919, 922 (5th Cir. 1997); see *Steel Co. v. Citizens for a Better Env’t*, 523 U.S. 83, 94 (1998); *B., Inc. v. Miller Brewing Co.*, 663 F.2d 545, 548–49 (5th Cir. 1981) (“Where a federal court proceeds in a matter without first establishing that the dispute is within the province of controversies assigned to it by the Constitution and statute, the federal tribunal poaches upon the territory of a coordinate judicial system, and its decisions, opinions, and orders are of no effect. . . . Thus, the trial court must be certain of its jurisdiction before embarking upon a safari in search of a judgment on the merits.”).

<sup>42</sup> Dkt. No. 1 at 5.

<sup>43</sup> *Id.* at 6–12.

<sup>44</sup> See *Smallwood*, 385 F.3d at 576.

Plaintiffs allege in the live second amended petition that Defendant Carlos Ruvalcaba's negligence caused their injuries.<sup>45</sup> Specifically, they allege that Defendant Coca-Cola's driver Carlos Ruvalcaba's failure to control his speed, drive safely, and take into account road conditions caused the accidents that led to their injuries.<sup>46</sup> On review of the pleadings, the Court finds Plaintiff has pled a reasonable basis for recovery. However, because Defendant Fedex alleges that Plaintiffs fraudulently omitted facts that are necessary to determine the propriety of joinder, the Court turns to pierce the pleadings and conduct a summary inquiry of the evidence included in Defendant Fedex's notice of removal to determine whether Plaintiffs omitted or misstated facts that affect the propriety of the joinder.<sup>47</sup>

Defendant Fedex alleges that because the accident scene photos show location of the vehicle driven by Defendant Carlos Ruvalcaba "all the way to the right of the roadway and in its own lane of travel," he could not have proximately caused the injury to Plaintiffs in vehicles some distance in front and behind him because there was no contact pictured between the vehicles and they ran into other vehicles.<sup>48</sup> Defendant Fedex further argues that Defendant Carlos Ruvalcaba could not have proximately caused the injuries to Plaintiffs in vehicles adjacent to him because the positioning of the cars suggests they ran into him.<sup>49</sup> Upon review of the photographs of the scene of the accident, the Court notes that the vehicle driven by Defendant Carlos Ruvalcaba is pictured directly adjacent to the vehicles of Plaintiffs Halee Escamilla and Sarah Doyle and in the same pile-up as the other Plaintiffs.<sup>50</sup> The Court does not agree that the location of the Coca-Cola vehicle driven by Carlos Ruvalcaba in the pile up summarily precludes

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<sup>45</sup> Dkt. No. 7-1 at 8.

<sup>46</sup> Dkt. No. 7-1 at 9.

<sup>47</sup> See *Hart*, *supra* note 37; Dkt. Nos. 1-8.

<sup>48</sup> Dkt. No. 1 at 9-12 (citing Dkt. No. 8-3 at 4-5).

<sup>49</sup> *Id.*

<sup>50</sup> Dkt. No. 1 at 7-9 (citing Dkt. No. 8-3 at 4-5).

a finding that he proximately caused Plaintiffs' injuries. Because the location of the vehicles in the photos leave open a genuine dispute of fact as to whether Defendant Carlos Ruvalcaba proximately caused Plaintiffs' injuries, the Court does not agree that the omission of the location of the vehicle determines the propriety of joinder. Because Plaintiffs alleged sufficient facts to establish a reasonable basis for recovery against Defendant Carlos Ruvalcaba, the Court finds he is properly joined as a Defendant in this case.

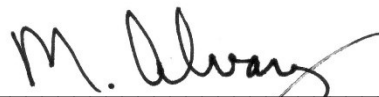
Furthermore, Defendant Fedex's arguments regarding the weather and other intervening causes equally dispose of all Defendants and are not a permissible basis to establish improper joinder.<sup>51</sup> For the foregoing reasons, the Court finds that Defendant Fedex has not met its burden to establish improper or fraudulent joinder of non-diverse Defendant Carlos Ruvalcaba and thus has failed to establish diversity jurisdiction under 28 U.S.C. § 1332. Because there is not complete diversity of citizenship between all Plaintiffs and all Defendants in this case, the Court does not have subject matter jurisdiction over this case.

#### IV. CONCLUSION

Accordingly, the Court **REMANDS** this case to the 93rd Judicial District Court of Hidalgo County.

IT IS SO ORDERED.

DONE at McAllen, Texas, this 16th day of July 2021.



Micaela Alvarez  
United States District Judge

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<sup>51</sup> See *Smallwood*, 385 F.3d at 571.